

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 19 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

41730

791  
1003

1. PLACE OF DEATH  
 County..... Registration District No. ....  
 Township..... Primary Registration District No. ....  
 City St. Louis (No. 8721 Balls Ferry (Athens)) St. .... Ward .....

2. FULL NAME Sophie Mueller  
 (a) Residence, No. 8721 Balls Ferry St. 8 Ward. ....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
85 1 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. St. Louis

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County, Mo.

FATHER  
 13. NAME Ray Tucker  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER  
 15. MAIDEN NAME Klara Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Berry Bunderthal, 8721 Balls Ferry

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Trinity Cem. DATE Dec. 28, 1935

19. UNDERTAKER (ADDRESS) Funeral Home, 1936 N. Louis Ave.

20. FILED DEC 27 1935 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1935, to Dec. 25, 1935  
 I last saw her alive on Dec. 25, 1935. Death is said to have occurred on the date stated above, at 6:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
 Date of onset: 93C

Other contributory causes of importance: .....

Name of operation no Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? NO Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. ....

Manner of injury NO  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify J. A. Van Hoefen M. D.  
 (Signed) J. A. Van Hoefen  
 (Address) 8313 Halls Ferry Rd. City

