

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

Do not use this space.

**MAR 24 1936**

7145

**1. PLACE OF DEATH**

County Pettis Registration District No. 668  
 Township \_\_\_\_\_ Primary Registration District No. 3032  
 City Sedalia (No. 810 East 14th) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 77 69  
 Registered No. 668

**2. FULL NAME** Marie Anna Mueller

(a) Residence, No. 810 East 14th. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Conrad Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 7 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
 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) Germany

13. NAME Berthelemeo Brucker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Marie Langenbacher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Frank Reineke  
 (ADDRESS) St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Louis Mo. DATE Feb. 29 1936

19. UNDERTAKER Gillespie Funeral Home  
 (ADDRESS) Sedalia Mo.

20. FILED 2-27-1936 Jean Slack  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26/36 19

22. I HEREBY CERTIFY, That I attended deceased from July 10 1935 to Feb 26 1936  
 I last saw him alive on Feb. 10 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Date of onset Feb 23 1936

glt

Other contributory causes of importance:

arterio-sclerosis  
hypertension  
with blindness from glaucoma

No  
 up  
 7 years

Name of operation none Date of none

What test confirmed diagnosis? chem Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ 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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Jean Slack, M. D.

(Address) Sedalia Mo

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.

