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.

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

Do not use this space.

24845

1. PLACE OF DEATH JUL 14 1936

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6499

City St. Louis (No. Lutheran Hospital St. ..... Ward)

2. FULL NAME Halma Muehlher

(a) Residence, No. 3834 S. Compton St., 24 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Muehlher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 28, 1865

7. AGE: YEARS 70 MONTHS 6 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME: David Fiedler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Rosa (unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Frank Muehlher 3834 S Compton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial PK. DATE 6-27, 1936

19. UNDERTAKER (ADDRESS): Southern Und. Co. 6322 S. Grand

20. FILED JUN 26 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-25, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1936, to June 25, 1936

I last saw her alive on June 24, 1936. Death is said to have occurred on the date stated above, at 12:35 a. m.

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

	Date of onset
Cirrhosis of liver	1 year
Myocardosis	1934
Chronic cardiac valvular disease	5 years?
Nephritis, acute	1 month

Other contributory causes of importance:
Ascites
Herpes Zoster

Name of operation none Date of .....

What test confirmed diagnosis? urine EKG 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) Harry W Wiese, M. D.
(Address) 2301 So Kingshighway

Dr. W[illegible]
1-5
7301 S. Kingshighway