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.

NOV 4 1936

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

Do not use this space.

39155

File No.

Registered No. 10186

Registration District No. 791

Primary Registration District No. 1008

1. PLACE OF DEATH

County

Township

City St. Louis (No. Baptiste Hosp. St. Ward)

2. FULL NAME John Mueller

(a) Residence, No. Evansville Ill. St., NR 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: Male

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: Carrie Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 20th. 1878

7. AGE: Years 58 | Months 8 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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 Mo.

FATHER

13. NAME: Peter Mueller

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

MOTHER

15. MAIDEN NAME: Margarette Wolf

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

17. INFORMANT (ADDRESS): Carrie Mueller, Evansville Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Park Lawn DATE: Oct. 10th, 36

19. UNDERTAKER (ADDRESS): William Schumacher, 3013 Meramec Street

20. FILED OCT 9 1936, 19 J. J. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 6th. 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1936, to Oct 6, 1936

I last saw him alive on Oct 6, 1936. Death is said to have occurred on the date stated above, at 8/30 pm 8 45

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

Post operative Pneumonia (Bilateral) Lobar — Date of onset 10/6/36

Hernia following appendectomy for ruptured appendix Nov. 5, 1935

Other contributory causes of importance:

Name of operation Herniorrhaphy Date of 10/5/36

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? 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) C. A. Garvin, M. D.

(Address) 5346 Oriole

Mrs. R. Harris
5346 Oriole Ave.
8-4
Nul. 8278
5927 Winnetka