

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.

DEC 3 1936

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

Do not use this space.

43097

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 907 Geyer Ave. St. .... Ward)

File No. ....  
Registered No. 11673  
St. .... Ward)

2. FULL NAME Maria Mueller  
(a) Residence, No. 907 Geyer Ave. St., 23 Ward. (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 John Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April, 19th, 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
75 7 5

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 Adam Schneider

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

15. MAIDEN NAME Unkown

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

17. INFORMANT Mike Hansel  
(ADDRESS) 907 Geyer Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Prter-Pauls DATE Nov. 27 - 1936

19. UNDERTAKER Wacker-Helderte  
(ADDRESS) 2331 S. Broadway

20. FILED NOV 25 1936  
J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24th. 19 36

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1936 to 11-24-, 1936  
I last saw h alive on 11-24-, 1936. Death is said to have occurred on the date stated above, at 2.15 P.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum and bladder urinary  
Primary seat unknown

Other contributory causes of importance:  
Typhoid fever in 51 B  
June 1936

Name of operation none Date of 7-15-36  
What test confirmed diagnosis? clinical 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) Louis F. Murray, M. D.  
(Address) 1831-819

