WHITE PLANET 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

FEB 8 1937

Do not use this space.

1. PLACE OF DEATH

96 County ..... Registration District No. 791

30 Township ..... Primary Registration District No. 1003

9 City St. Louis (No. 3858 Shenandoah Ave 2 St. ..... Ward)

File No. 3341

Registered No. 372

2. FULL NAME Fredricka Mueller

(a) Residence, No. 3858 Shenandoah Ave St., 17 Ward. 1
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 1846

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
90	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 262

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 10

FATHER

13. NAME August Schmidt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 81

17. INFORMANT (ADDRESS) Arthur Hoffmann 4207 A. DeTonty St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cemetery DATE January 11, 1937

19. UNDERTAKER (ADDRESS) Peetz brothers 3029 Lafayette Ave

20. FILED JAN 9 1937, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8th, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 2nd, 1937, to January 8th, 1937.

I last saw her alive on January 8th 1937. Death is said to have occurred on the date stated above, at 9:30 P.m.

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

Arteriosclerosis (Senility) 107

Date of onset

Other contributory causes of importance:

Bronchopneumonia

Name of operation ..... 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? ..... 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 A. Brandenburger, M. D.

(Address) 3922 Cleveland Ave 1