

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

FEB 8 1937
Registration District No. 791
Primary Registration District No. 2833a Miami St. 10039

File No. 4233
Registered No. 1294 (Ward)

2. FULL NAME Bertha Mueller

(a) Residence, No. 2833a Miami St., 24 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 8 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work 230
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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 August Grundwald

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

15. MAIDEN NAME Not Known

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

17. INFORMANT Joseph F. Mueller
(ADDRESS) 2833a Miami St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE Jan. 30th, 1937

19. UNDERTAKER Wm. Schumacher
(ADDRESS) 3013 Menzies St.

20. FILED 29 1937 J. B. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27 1937

I HEREBY CERTIFY That I attended deceased from Jan. 19 to Jan. 27, 1937
I last saw W alive on Jan. 26, 1937 Death is said to have occurred on the date stated above, at 109 a.m.

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

Lobar pneumonia
Senility
Date of onset 1/18/37

Name of operation None Date of None
What test confirmed diagnosis None 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) W. Wagnerbach M. D.
(Address) 473/8 Travis St.

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. 25th 4728 1/2 Acres.

9-10

2-4

7-8

to hours Thursday afternoon