AUG - 5 1937

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

Do not use this space.

25802

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 6976

City St. Louis (No. St. Anthony's Hospital St. ..... Ward)

2. FULL NAME Edna Mueller

(a) Residence, No. 3815 O'Meara ave. St., 15 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: Roland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 4, 1895

7. AGE: 42 YEARS, 4 MONTHS, 16 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): East St. Louis Mo.

FATHER

13. NAME: Cornelius Connors
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): East St. Louis, Ill.

MOTHER

15. MAIDEN NAME: Johanna Ryan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): East St. Louis Ill.

17. INFORMANT (ADDRESS): Roland Mueller, 3815 O'Meara ave.

18. BURIAL, CREMATION, OR REMOVAL: Belleville, Ill. PLACE: Walnut Hill cem. DATE: July 24, 1937

19. UNDERTAKER (ADDRESS): C. Hoffmeister U. & L. Co., 3814 S. Broadway

20. FILED: JUL 22 1937 19 J. H. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7/10/37, 19..., to 7-21-, 1937

I last saw her alive on 7-21-, 1937. Death is said to have occurred on the date stated above, at 4.04 P.M.

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

	Date of onset
Rheumatic Fever.	6/1/37
Other contributory causes of importance:	
Cardiac Failure	7/18/37
No definate heart disease	

56a

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? .....

If so, specify .....

(Signed) C. Hoffmeister, M. D.

(Address) 3958 S. Grand Bl.

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.

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