

AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Bonhomme
City Ballwin

Registration District No. 785
Primary Registration District No. 6031
(No. Pine-Crest Home)

File No. 28292
Registered No. 97
St. _____ Ward _____

2. FULL NAME

(s) Residence, No. Pacific, No. R-1 St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 28 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 Charles Mottert6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19-1845

7. AGE YEARS 92 MONTHS 6 DAYS 9 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired House wife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home10. Date deceased last worked at this occupation (month and year) Feb. 15, 1937 11. Total time (years) spent in this occupation 7012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Melrose Mo.13. NAME William Muecher14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT Ernest Mottert
(ADDRESS) Glencoe, Mo. R-118. BURIAL, CREMATION, OR REMOVAL PLACE Pond, Mo. DATE July 30-193719. UNDERTAKER Schradler Funeral Home
(ADDRESS) Ballwin, Mo.20. FILED 7-29 1937 Agnes Kelly
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28-1937 19

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1937, to July 28 1937
I last saw him alive on July 27 1937. Death is said to have occurred on the date stated above, at 3:20 P.M.

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

arteriosclerosis
Chronic myocarditis

Date of onset

Other contributory causes of importance:

senilityName of operation none Date of _____What test confirmed diagnosis? Physical 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 none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____(Signed) B. R. Loving, M. D.(Address) Ballwin, Mo.

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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