

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

Do not use this space.

32442

OCT 14 1937

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

(No.

Missouri Baptist Hosp.

File No.

Registered No.

St.

Ward)

2. FULL NAME Catherine Mueller

(a) Residence, No.

(Usual place of abode)

St.

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 white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)
married

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

John F. Mueller

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

Oct. 28, 1887

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

49

10

12

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

House wife

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)

Missouri

13. NAME

Joseph Valdejo

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

Missouri

15. MAIDEN NAME

unknown

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

Missouri

17. INFORMANT
(ADDRESS)

John F. Mueller

Mattese, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Mehlville, Mo. Sept 11/37

19. UNDERTAKER
(ADDRESS)

Fendler Und. Co.

7420 Michigan Ave.

20. FILED

SEP 10 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Sept. 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 3, 1937, to Sept. 9, 1937

I last saw her alive on Sept. 8, 1937. Death is said

to have occurred on the date stated above, at 7:15 a. m.

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

uterine fibroids malignant
Date of onset 1-15-30

Other contributory causes of importance:

Intestinal obstruction due to
Roeal Peritonitis 9-6-37

Name of operation abdominal hysterectomy of 9-9-37

What test confirmed diagnosis? Pathological as there an autopsy? Yes

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) Charles H. Smith, M. D.

(Address) 508 N. Grand Blvd.
St. Louis Mo.

I, the undersign, certify that I am a licensed embalmer
2679, employed by the Fendler Und. Co., have embalmed
the body of, Catherine Mueller, according to the Missouri
laws.

Harry J. Schumacher

Harry J. Schumacher