WRITE PLAINLY, 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.

1 - 10 - 655

OCT 14 1937 2

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

Do not use this space.

32466

1. PLACE OF DEATH

County ....

Township ....

City .... (No. 8950 Riverview Drive St. .... Ward)

Registration District No. 1003

Primary Registration District No. ....

File No. 8520

Registered No. ....

2. FULL NAME FRED. MUELLER, SR.,

(a) Residence, No. 8950 Riverview Drive St., 8 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or .... min.
	70	2	27	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Service Station

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER

13. NAME Fred Mueller

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

MOTHER

15. MAIDEN NAME Louise Adler

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

17. INFORMANT Fredericks Mueller
(ADDRESS) 8950 Riverview Dr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FRIEDENS DATE Sept. 11, 1937

19. UNDERTAKER Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED SEP 10 1937 J. H. Bredeck 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 4, 1937, to Sept 9, 1937

I last saw him alive on Sept 9, 1937 Death is said to have occurred on the date stated above, at 2 30 p.m.

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

Encephalitis Epidemic 9-4-37

17

Other contributory causes of importance: Ch. Parenchymatous Nephritis

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) Wm. G. Knight, M. D.

(Address) 8201 N. Broadway

Statement By Licensed Embalmer.

I William G. Buchholz Licensed Embalmer No 2110

hereby certify that the body recored on reverse side of this certificate was embalmed by William G. Buchholz L.E

Signed William G. Buchholz

Licensed Embalmer. 2110