

REC'D SEP 12 1938

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

27106

Do not use this space.

1. PLACE OF DEATH

- (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **Saint Louis, Missouri.** (d) Street No. **Missouri Baptist Hospt.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Alexander Otto Mueller. **460**

- (a) Residence, No. **3810a Indiana Ave.** St. **24**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Anna Mueller.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 6th, 1886.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 4 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Glaser Plate Glas**
 9. Industry or business in which work was done, as 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) **Missouri**

FATHER 13. NAME **John Mueller**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Anna Mueller.**
 (ADDRESS) **3810a Indiana Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset burial** DATE **August 13, 1938**

19. FUNERAL DIRECTOR **Ziegenhain Bros.**
 (ADDRESS) **2623 Cherokee Street.**

20. FILED **AUG 11 1938** **J. B. Bredeek**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 9th, 1938.**

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **9:10A.M.**

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

Fractured spine, suffered when deceased fell from scaffold at 6116 Easton Avenue, about 1:06 P.M., August 5th, 1938. Accident. Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **accident** Date of injury **Aug. 5, 1938**

Where did injury occur? **St. Louis, Mo.**
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

industry

Manner of injury **see above**

Nature of injury **II**

24. Was disease or injury in any way related to occupation of deceased? **YES**

If so, specify **Alfred J. Perry, M.D.**

(Signed) **Alfred J. Perry, M.D.**

(Address) **Deputy Coroner**

STATEMENT BY LICENSED EMBALMER

I, **Vearl E. Morris.** Licensed Embalmer No. **3360.**

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by Registered Apprentice No. working under my personal supervision.

Signed

V E Morris

Licensed Embalmer No. **3360.**

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)