

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
920
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 1003
 (b) Township Primary Registration District No. *St. Louis*
 (c) City St. Louis (d) Street No. *1922* St. *St. Louis*
 (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

4bc Amelia Mueller
 (a) Residence, No. 1931 Withnell St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. About 74 Unknown Unknown or min.

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

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 min.

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Andrew M. Mueller (ADDRESS) 1962a Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

Old Place SS. Peter & Paul DATE Jan. 31 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. Moydell 1926 Allen Ave.

20. FILED JAN 30 1939 J. P. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

No attending Physician
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29 19 39

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 7:40 p. m.
 The principal cause of death and related causes of importance were as follows:

Loxar Pneumonia
 Date of onset

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? 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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *no*

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

(Signed) *Alfred J. Perry* M. D.
 (Address) *St. Louis*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Benj. C. Duncan

Licensed Embalmer No. *2272*

P. O. Address *1921 Allen Ave*

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.)

If this body is not embalmed, above space should be left blank.