JAN 19 1939

FEB 7 1939

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

Do not use this space.

1. PLACE OF DEATH
County ST LOUIS — Registration District No. 784 — File No. 3894
Township ~~CLAYTON~~ — Primary Registration District No. 200 — Registered No. 107
City STRATMANN (No. WARSON 1 BLK NORTH of OLIVE ST Rd. Ward)

2. FULL NAME 460 CARL WENDLING MUELLER
(a) Residence, No. WARSON 1 BLK N. of OLIVE, ST Rd 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: male
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 EMELIE MUELLER (HENSICK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 1869

7. AGE: YEARS 69 — MONTHS 1 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. SURVEYOR'S, assis.
10. Date deceased last worked at this occupation (month and year) ABOUT 1929
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST LOUIS CO MO

FATHER
13. NAME WENDOLYN MUELLER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME ELIZABETH LICHT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT (ADDRESS) ARNOLD MUELLER CREVE COEUR MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE IMMANUEL LUTH DATE JAN 19 1939

19. UNDERTAKER (ADDRESS) BAUMANN BROS INC OVERLAND MO

20. FILED JAN 19 1939 T R Meyer M D DPH Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-23, 1938, to 1-17, 1939
I last saw him alive on 1-16, 1939. Death is said to have occurred on the date stated above, at 4:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchial Asthma	4 wks
93C	

Other contributory causes of importance:
Encephalitis 1 yr ago
Chronic Myocarditis 10 yrs

Name of operation ..... Date of .....
What test confirmed diagnosis Physical 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? No
If so, specify .....
(Signed) A. L. Meador, M. D.
(Address) 2 So Central Ave Clayton 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.