

RECEIVED 8 1940

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

Do not use this space.

3559

1. PLACE OF DEATH

County St Charles
Township Cause
City 60 (No.)

Registration District No. 7616
Primary Registration District No. 51

File No.
Registered No.
St. Ward)

2. FULL NAME GODFREY MUELLER

(a) Residence, No. O'FALLON R 2 St., Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 6 1

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

9. Industry or business in which work was done, as silk mill, 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) St Charles Co. Mo

13. NAME Wm Mueller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9 6

15. MAIDEN NAME Tintrop 6

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

17. INFORMANT Mrs. Teresa Mueller (ADDRESS) O'Fallon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul Mo. DATE Jan. 7 1940

19. UNDERTAKER E. A. Keithly (ADDRESS) O'Fallon Mo.

20. FILED Jan 8 1940 Registrar Edmond S. Jendry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1940

22. I HEREBY CERTIFY That I attended deceased from 12-29 1939 to 1-3 1940. I last saw him alive on 1-7 1940. Death is said to have occurred on the date stated above, at 3 P m.

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

Pneumonia (lobar) Date of onset

10 8

Other contributory causes of importance:

arterial sclerosis esp
aged age

Name of operation EB. Eff. Date of
What test confirmed diagnosis? EB. Eff. 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

(Signed) Edmund S. Jendry M. D.
(Address) O'Fallon 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.

