

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

Do not use this space.

**FILED** MAY 1, 1940

14503

1. PLACE OF DEATH St. Francis Hospital  
 County Cape Girardeau Registration District No. 124  
 Township W Primary Registration District No. 3009  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Emma Danner Muller  
 (a) Residence, No. Kelso St. \_\_\_\_\_ Ward Kelso mo  
 (Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 59 yrs. 5 mos. 19 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

File No. \_\_\_\_\_  
 Registered No. 138

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 F. J. Danner Muller  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8th. 1880  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
59 5 17  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
 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) Jan. 14, 1940 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illmo mo  
 MOTHER 13. NAME Joseph Muller  
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illmo mo  
 MOTHER 15. MAIDEN NAME Catharine Brenheim  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illmo mo  
 17. INFORMANT F. J. Danner Muller  
 (ADDRESS) Kelso. mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Kelso DATE April 10th 1940  
 19. UNDERTAKER Seabough Funeral Home  
 (ADDRESS) Cape Girardeau, mo  
 20. FILED f-5 1940 J. M. Thompson  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-5-40  
 I HEREBY CERTIFY, That I attended deceased from 3-10-40, 1940 to 4-5-40, 1940  
 I last saw her alive on 4-5-40, 1940 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Nephritis Date of onset \_\_\_\_\_  
1940  
 Other contributory causes of importance:  
Kidney Stones  
 Name of operation Nephrectomy 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_ M. D.  
 (Address) Cape Girardeau mo

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.

Embalsmed by W. H. Eates. No. 3528.