

FILED JUN 14 1940

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

Do not use this space.

19379

File No. \_\_\_\_\_  
Registered No. 27 \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

72.  
41. PLACE OF DEATH 2  
County St. Charles 0 Registration District No. 757  
Township \_\_\_\_\_ Primary Registration District No. 3096  
City St. Charles (No. \_\_\_\_\_) \_\_\_\_\_  
2. FULL NAME 41, Dale Ray Mueller  
(a) Residence, No. Orlean R. 3 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) \_\_\_\_\_ (If nonresident, give city or town and State)  
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) single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 - 1926  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
13 8 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy  
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. Paul Mo

13. NAME Albert Mueller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Paul Mo

15. MAIDEN NAME Hembrock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Monroe Mo

17. INFORMANT (ADDRESS) Raymond Mueller  
Edlyn Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul Mo DATE 4/17 19 40

19. UNDERTAKER (ADDRESS) E. Keith  
Orlean Mo.

20. FILED 4/17/40 19 Clarence B. Meeker  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 19 40  
22. I HEREBY CERTIFY, That I attended deceased from March 6 19 40, to April 15 19 40  
I last saw him alive on April 14 19 40. Death is said to have occurred on the date stated above, at 2 a. m.  
The principal cause of death and related causes of importance were as follows:

acute Hepatitis -  
possibly induced by defected  
stabilin medication.

Other contributory causes of importance:  
Perforated appendicitis  
with localized abscess.

Name of operation Appendectomy Date of March 13  
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 \_\_\_\_\_  
(Signed) Vincent A. Schneider, M. D.  
(Address) St. Charles 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.

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