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

Do not use this space. 10290

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2868

City ..... (No. Christain Hosp ..... St. ..... Ward)

2. FULL NAME Elma Mueller

(a) Residence. No. 2328 Sullivan Ave 20 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: 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: Edward J Muellier

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 27 1893

7. AGE: Years 33 | Months 8 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer): Self
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

PARENTS
10. NAME OF FATHER: Christian Hoffman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Mary Suedbock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

14. INFORMANT: Edward J Muellier
(Address) 2328 Sullivan Ave

15. FILED MAR 21 1927 19 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 22 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1927 to March 22, 1927 that I last saw her alive on March 22, 1927 and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Toxic Sirtis
Exophthalmic
66B
66A
60A
(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Enlarged Thyroid
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 2328 Sullivan

DID AN OPERATION PRECEDE DEATH? yes DATE OF 3/21/27

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Arthur Lindlaw, M. D
3/23, 1927 (Address) 2202 Kennedy St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: New Pickers Cemetery | DATE OF BURIAL: 3/26/27

20. UNDERTAKER: A. Kron L & U Co. | ADDRESS: 2702 N Grand Blvd

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.