

**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. 791  
 Township St. Louis Primary Registration District No. 1003  
 City St. Louis (No. Route 1 Hospital #1)

File No. 7052  
 Registered No. 1311  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Geo. L. Mueller  
 (a) Residence. No. 317 So 2nd St. St. 25 Ward.

(If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 8 - 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
49 8 23

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work R.K. Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) Unemployed  
 (c) Name of employer \_\_\_\_\_

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

PARENTS  
 10. NAME OF FATHER Geo. Mueller  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY) \_\_\_\_\_  
 12. MAIDEN NAME OF MOTHER Sophia Tacke  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo

14. INFORMANT Mrs. E. G. Guch  
 (Address) 2741 Salomon St.

15. FILED FEB - 2 1931 May U. Tanker  
 19 \_\_\_\_\_ REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 7 - 1931

17. No Physician in Attendance  
 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 12:50 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Shock & Injuries (Subarachnoid Hemorrhage - Fracture of Skull) - struck by automobile at Broadway & Elm, St. Louis (Missouri)  
 (duration) \_\_\_\_\_ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Accident  
210M (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT A PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) W. J. G. G. G. M.D.  
5/3/31 (Address) St. Louis, Mo

\*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 St. Trinity Lutheran DATE OF BURIAL 2/9 1931

20. UNDERTAKER E. Hoffmeister & Co ADDRESS 2814 2nd St

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.

