

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

Do not use this space.

43003

791

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1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.)

File No.....

Registered No. *42*

St.

Ward)

2. FULL NAME

(a) Residence, No. *2150 Chestnut Ave.*, St. *3* Ward. (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) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 24 = 1896*

7. AGE YEARS *35* MONTHS *7* DAYS *7* If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Gas Light Co.*

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. Louis Missouri*

13. NAME *Philip Mueller*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

15. MAIDEN NAME *Henriette Kameier*

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

17. INFORMANT (ADDRESS) *Mrs. Minnie Mueller 2150 Chestnut Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Waltham Cem.* DATE *Jan. 2, 1932*

19. UNDERTAKER (ADDRESS) *Jos. Dr. Clark 1025 Washington Ave.*

20. FILED *Jan - 2 1932* *Max J. Stark* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 31, 1931*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at *9:45* a.m.

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

Shock + Burns (2 + 3rd degree) due to clothing burning ignited from flames from Coal Stove following explosion

Other contributory causes of importance: *Explosion 181 St. Louis Mo.*

Manner and Cause of explosion could not be ascertained

Name of Operation..... Date of.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *St. Louis Mo.* Date of injury *12 29, 1931*

Where did injury occur? *St. Louis Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *Public place*

Manner of injury. *flames from Coal Stove*

Nature of injury *2 + 3rd degree Burns*

24. Was disease or injury in any way related to occupation of deceased? *Yes*

If so, specify *J. W. Kerner* M.-D.

(Signed) *J. W. Kerner* M.-D.

(Address) *Dep. Coroner*

MARGIN RESERVED FOR BINDING
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.

V. C. NO. 2

