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

Do not use this space.

2025

1. PLACE OF DEATH
County Phelps — Registration District No. 678
Township — Primary Registration District No. 4404
City St. James (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Augusta Müller

(a) Residence, No. ..... St., ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 57 yrs. 2 mos. ds. How long in U. S., if of foreign birth? 65 yrs. 5 mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 – 1845

7. AGE — YEARS 86 — MONTHS 11 — DAYS 27 — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
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) Wasungen Saxony 10 Meerisingen Germany

FATHER
13. NAME Henry Koehler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Christiana Gungel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) G A Müller St. James Mo

18. BURIAL, CREMATION, OR REMOVAL, PLACE Masonic Cemetery DATE Jan 18 – 1932

19. UNDERTAKER (ADDRESS) Jonas and Van Eyck St. James Mo

20. FILED Jan. 18, 1932 Henry F. Wolters Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 – 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1932, to Jan 16, 1932
I last saw her alive on Jan 16, 1932. Death is said to have occurred on the date stated above, at 11.40 A.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Emboli — Date of onset 1/13/32

Other contributory causes of importance:

(1)

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) William H Breuer, M. D.
(Address) St James, 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.