

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

Do not use this space.

17999

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City..... St. Louis, Mo. (No. 6414 Colorado Avenue) St. .... Ward)

File No. ....  
Registered No. 4968

**2. FULL NAME** Mrs. Christiana E. Mueller

(a) Residence, No. 6414 Colorado St. 1 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 Paul H. Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 18, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 7 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 94A  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 94A  
10. Date deceased last worked at this occupation (month and year) 930 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME Herman J. Mende

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) id

MOTHER 15. MAIDEN NAME Catherine Benner

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

17. INFORMANT Paul H. Mueller (ADDRESS) 6414 Colorado Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia DATE May 23, 1932

19. UNDERTAKER Seiderman Funeral Home Inc (ADDRESS) 1936 W. 2nd St.

20. FILED MAY 23 1932 W. C. Frank Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1932 to May 19, 1932. I last saw her alive on May 19, 1932. Death is said to have occurred on the date stated above, at 10:30 P.M.

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

Coronary Thrombosis Date of onset

First symptoms of angina pectoris - 5-17-32

Other contributory causes of importance: Chronic Myocarditis Don't know

(Name of operation) 0 Date of know  
What test confirmed diagnosis? 0 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? N.O.  
If so, specify

(Signed) A. S. Spruett, M. D.  
(Address) 6006 Virginia Ave.

