

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

Do not use this space.

41462

1. PLACE OF DEATH

County St. Louis Registration District No. 789
Township Central Primary Registration District No. 6033B
City Vinita Park (No. 8010, Washington Ave. St. _____ Ward _____)

2. FULL NAME

Susanna Mueller

(a) Residence, No. 8010 Washington St., _____ Ward _____
(Usual place of abode) (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Mueller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4, 1859</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>5</u>
	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	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) <u>St. Louis Missouri</u>		
FATHER	13. NAME <u>Michael Rehm</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	<u>10</u>
MOTHER	15. MAIDEN NAME <u>Don't know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mr. Charles Mueller</u> <u>8010 Washington Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemetery</u> DATE <u>Dec. 23</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Geo. L. Pleitach Inc.</u> <u>5466 Foster Ave.</u>		
20. FILED <u>12/23</u> 19 <u>32</u> <u>Golla Bracy, M.D.</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1932 to Dec 21 1932

I last saw her alive on Dec 21 1932. Death is said

to have occurred on the date stated above, at 3:15 P.M.

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

Acute Myocardial Infarction
Coronary Artery Disease
Arteriosclerosis

Date of onset ?

Name of operation _____ Date of _____
What test confirmed diagnosis? Lat. + Clin 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) Les. C. Willford, M. D.
(Address) 8165 page 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.

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9.30 to 11 a.m.