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.

OCT 20 1933

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

Do not use this space.

31315

File No.

Registered No. 8021

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City ..... (No. Barnes Hosp. 600 S. Kingshighway St. ..... Ward)

2. FULL NAME Katherine Mueller

(a) Residence, No. 1125a Hornsby St., 8 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6, 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	—	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 17

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 107

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 97

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

FATHER

13. NAME Geo. Heitman

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

MOTHER

15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) H. C. Gausmann 1125 Hornsby Av.

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Pickers DATE Sept. 16, 1933

19. UNDERTAKER (ADDRESS) Hy. Leidner Und. Co. 1417 N. Market St.

20. FILED SEP 15 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in Attendence.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1933

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 30 A.m.

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

	Date of onset
Epidemic Encephalitis	
Broncho Pneumonia	

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? Yes.

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? .....

If so, specify .....

(Signed) Harold [illegible] M. D.

9/15/33 (Address) Dep. Coroner.