

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

Do not use this space.

DEC 13 1934

40747

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis mo* (No. *Carnes Hospital*)

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No. *10687*
St. Ward)

2. FULL NAME

(a) Residence, No. *Rudolph Garrett Mueller*
(Usual place of abode) *112 Custer Lane St. N.R. Ward. Jefferson City mo*
(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Josephine Mueller</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 17-1905</i>		
7. AGE	YEARS <i>29</i>	MONTHS <i>6</i>
	DAYS <i>20</i>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Clerk.</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Osage Bend Cole Co mo</i>	
	13. NAME <i>George Mueller</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany.</i>	
	15. MAIDEN NAME <i>Margaret Ahlers</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Bobtown mo</i>	
17. INFORMANT <i>Emma Wear</i> (ADDRESS) <i>St. Louis mo.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Jefferson City Mo</i> DATE <i>10-9</i> 19 <i>34</i>		
19. UNDERTAKER (ADDRESS) <i>Albert H. Hopper Inc</i> <i>429 N. Grand Ave</i>		
20. FILED <i>1334</i> 19 <i>J. F. Bredeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-7-1934*

22. I HEREBY CERTIFY, That I attended deceased from *4-17-1924* to *11-7-1934*.

I last saw him alive on *11-7-1934*. Death is said to have occurred on the date stated above, at *12:05 a.m.*

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

<i>107 (a) Bacterial meningitis</i>	Date of onset
<i>54 (d) Nonmalignant tumor of cerebellum</i>	

Other contributory causes of importance:
54 (d)

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) *C. S. Drayer*, M. D.
(Address) *600 S. Kingshighway*

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.

