

FEB 21 1935

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **4236**, **Athlone Ave**) St. Ward)

3437

File No.
Registered No. **741**

2. FULL NAME

Florence Mueller
(a) Residence, No. **4236 Athlone Ave St. 10** Ward. (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 **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 **Fred. E. Mueller**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 10 - 1885**
7. AGE YEARS **49** MONTHS **5** DAYS **7** If LESS than 1 day, hrs. or min.

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

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

13. NAME **Wm. Keitbrink**

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

15. MAIDEN NAME **Not known**

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

17. INFORMANT **Fred. E. Mueller** (ADDRESS) **4236 Athlone Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Graves** DATE **Jan 21, 1935**

19. UNDERTAKER **H. J. Leidner and Co** (ADDRESS) **1417 N. Market St**

20. FILED **29** 1935 **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 17**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **April 10**, 19**34**, to **Jan 17**, 19**35**

I last saw him alive on **Jan 17**, 19**35** Death is said to have occurred on the date stated above, at **11 P. m.**

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

metastatic carcinoma

Date of onset

Other contributory causes of importance:

Carcinoma of stomach

Name of operation **Hysterectomy** Date of **Apr 10, 1934**

What test confirmed diagnosis? **Lab** 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?.....

If so, specify

(Signed) **Arthur Sunders**, M. D.

(Address) **2707 University**

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.

12. 11. 1964