

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

Do not use this space.

FEB 23 1937

4411

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. 5
Township Carondelet Primary Registration District No. 6248B Registered No. 5
City Jefferson Barracks (No. Veterans Administration Facility / St. Ward)

2. FULL NAME Gerhard J. MUELLER

(a) Residence, No. 5210 Robin Ave., St. Ward St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Un yrs. kn mos. OWlds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Mrs. Lydia Mueller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 26, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 10 9

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennings Missouri

FATHER 13. NAME Charles Mueller

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

MOTHER 15. MAIDEN NAME Elizabeth Lott

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

17. INFORMANT (ADDRESS) M. Schuller, Clin. Clerk, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) National Cem. Jeff. Brks. DATE 1/9/37

19. UNDERTAKER (ADDRESS) Wm. J. Newman, Son
21618 Jack Ave.

20. FILED Jan 6, 1937 G. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1936, to January 5, 1937

I last saw him alive on January 5, 1937. Death is said to have occurred on the date stated above, at 4:20 p.m.

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

Melano-carcinoma, multiple, original lesion undetermined Date of onset Unkn.

Other contributory causes of importance: Primary anemia, pernicious Unkn.

Name of operation None Date of
What test confirmed diagnosis? Clinical manifestations, x-ray and laboratory findings 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) G. W. Hughes, M.D., Chief Med. Officer, p.
(Address) Vet. Adm. Fac., Jeff. Brks., Mo.

WHITE PRINTING ON READING 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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