

OCT 20 1937

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

Do not use this space. 430
10

1. PLACE OF DEATH

County SIBSCONADERegistration District No. 306Township BOEUFPrimary Registration District No. 1424

City

(No. 2)File No. 34186Registered No. 11

St. _____ Ward _____

2. FULL NAME GERELDINE LAURA LOUISE MUELLER

(a) Residence, No. _____ 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEP-16-19377. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) STONY HILL MO13. NAME LEE MUELLER14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STONY HILL MO15. MAIDEN NAME LAURA SCHMIDT16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HERMANN MO17. INFORMANT (ADDRESS) See in Mueller's
STONY HILL, MO18. BURIAL, CREMATION, OR REMOVAL PLACE STONY HILL MO DATE SEP 17 193719. UNDERTAKER (ADDRESS) HERMAN ISLUMER, MO
BERGER20. FILED 9-16-37 John Engelbrecht
Registrar.MEDICAL CERTIFICATE OF DEATH 8:15 AM21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEP 16 193722. I HEREBY CERTIFY, That I attended deceased from 9-16-1937, to 9-16-1937.
I last saw her alive on 9-16-1937. Death is saidto have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:atelectasis

Date of onset

Other contributory causes of importance:

Name of operation 1612 Date of _____
What test confirmed diagnosis? Physical Was there an autopsy? Yes23. 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) John Engelbrecht, M. D.
(Address) Stony Hill, Mo.

