

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

30439
 Do not use this space.

SEP - OCT 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008** Registered No. **7826**
 (c) City **St. Louis** (d) Street No. **5058 Kensington Ave.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elizabeth Mueller **460**

(a) Residence, No. **5058 Kensington Ave.** St. **12** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 5 1938**

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

22. I HEREBY CERTIFY, That I attended deceased from **Nov 31, 1933** to **Sept 5, 1938**
 I last saw her alive on **Sept 5, 1938**. Death is said to have occurred on the date stated above, at **2:12** p. m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 20, 1854**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 8 15

Cerebral Hemorrhage **2 hrs**
arterial sclerosis

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**
 9. Industry or business in which work was done, as 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) **St. Louis** (STATE OR COUNTRY) **Mo.**

FATHER 13. NAME **Joseph Quatmann**
 14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Caroline Bergmann**
 16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT **Laura Mueller** (ADDRESS) **5058 Kensington**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **Sept. 7, 1938**

19. FUNERAL DIRECTOR (NAME) **St. Vincent Home** (ADDRESS) **4911 Washington Bl.**

20. FILED **SEP - 6 1938** **J. S. Pridemore** Local Registrar

Other contributory causes of importance:

Name of operation _____ Date of _____
 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? **no** Date of injury _____, 19____
 Where did injury occur? **no** (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) _____, M. D.
 _____ (Address) **1945 No. 15th St.**

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Elton R. H. Remelius

, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Elton R. H. Remelius

Licensed Embalmer No. *3154*

3948 A. Green Ave.

P. O. Address *St. Louis, Missouri*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.