

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31132
Do not use this space.

791

1003

Registered No. 8569

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. St. Lukes Hospital 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 Lucia Mueller 460

(a) Residence, No. 3705 Wyoming St St. 16
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) March 11 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. At. Home
 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) Missouri

FATHER 13. NAME Leo Mueller

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

MOTHER 15. MAIDEN NAME Josephine Mintrup

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

17. INFORMANT (ADDRESS) Josephine Mueller
3705 Wyoming St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter and Paul DATE October 1 1938

19. FUNERAL DIRECTOR (ADDRESS) Petz brothers
2029 Lafayette Ave

20. FILED 19 19
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1938, to Sept 29, 1938.
 I last saw him alive on Sept 29, 1938. Death is said to have occurred on the date stated above, at 4:45 p.m.

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

Subarachnoid Hemorrhage
degenerative fibroid
of uterus, non malignant

Other contributory causes of importance 820

Name of operation none Date of
 What test confirmed diagnosis? Was there an autopsy? yes!

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 9. R. Strause, M. D.
 (Signed) 9. R. Strause
 (Address) 3720 Washington

SEP 30 1938

2125

STATEMENT BY LICENSED EMBALMER

I, Frank J Owens, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by..... Registered Apprentice No.....
working under my personal supervision.

Signed Frank J Owens
Licensed Embalmer No. 2245

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