

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

Do not use this space.

18897

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**

File No. ....  
Registered No. **5304**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **1512 Hebert St.** .....  
(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  
4. COLOR OR RACE  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

*Female White Married*

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

*Wm Mueller*

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

*Sept 18, 1857*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

*70 | 7 | 25*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

*Home*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Germany*

10. NAME OF FATHER

*Chas Stodisch*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

*Germany*

12. MAIDEN NAME OF MOTHER

*Wilma Longley*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

*Germany*

14.

INFORMANT (Address) *Mrs Harry Linder 5225 St. Louis Ave*

15.

FILED *MAY 11 1928* *May 11 1928* *Starloff*

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 13 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Feb 18*, 1928, to *May 13*, 1928, and that I last saw her alive on *May 12*, 1928, and that death occurred, on the date stated above, at *9:45 a. m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Arterio-sclerosis*

CONTRIBUTORY (SECONDARY) *Acute myocarditis* (duration) yrs. mos. ds. *7* ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF BIRTH)

19. DID AN OPERATION PRECEDE DEATH? *No* DATE OF...  
WAS THERE AN AUTOPSY? *No*  
WHAT TEST CONFIRMED DIAGNOSIS? *Physical signs*  
(Signed) *H. H. Kellogg*, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
*St. John's Cemetery* *May 16, 1928*  
20. UNDERTAKER ADDRESS  
*Drehmann Haval* *1905 Union*

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.

No. 11 Newing

4963 Fountain Ave

2-4

6.30 - 7.30

Forest 5951