

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

Do not use this space.

39835

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 3860 Mo. Ave.) St. 11834 (Ward)

2. FULL NAME

Beatha Miller
 Residence No. 3860 Missouri Ave. St. W 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18-1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
39 6 25

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)..... St. Louis Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Chas Est.

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

12. MAIDEN NAME OF MOTHER Beatha Predicew

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

14. INFORMANT Kiss Miller
 (Address) 3860 Mo. Ave.

15. FILED DEC 15 1926 Mar C Starkoff
 REGISTRY

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 13 - 1926

17. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1926 to Dec 13, 1926 that I last saw him alive on Dec 13, 1926 and that death occurred, on the date stated above, at 8:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Nephritis
130 Cause unknown
 (duration)..... yrs. mos. ds.
 CONTRIBUTOR (SECONDARY) 128
 (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Joseph L Ferris, M. D.

12/14, 1926 (Address) 3133 1/2 Meramec St

*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 New St. Marcus DATE OF BURIAL Dec. 16 1926

20. UNDERTAKER Ziegenhein Bros 2623 Chesnut ADDRESS

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.

