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.

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

Do not use this space.

2646

File No. 207

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis Mo. (No. American Hospital. St. ..... Ward)

2. FULL NAME Elvira Anna Miller.

(a) Residence. No. 2506 University. St., 20 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): Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Isaac Newton Miller.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 5/29/1842.

7. AGE: Years 84, Months 7, Days 5. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework Retired.

(b) General nature of industry, business, or establishment in which employed (or employer): Self.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Vandalia.
(STATE OR COUNTRY): Illinois.

PARENTS

10. NAME OF FATHER: Unknown Smith.

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

12. MAIDEN NAME OF MOTHER: Not Known.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): Not Known.

14. INFORMANT: J. B. Miller
(Address): 729 N Union

15. FILED: AM -6 1927 19 Max C Starkoff REGISTRAR

2) MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1/4/27. 19

17. I HEREBY CERTIFY, That I attended deceased from Nov. 16 - 1926 to Jan. 4 - 1927 that I last saw her alive on 1/3/15, 1927, and that death occurred, on the date stated above, at 8 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility

99

10 yrs

(duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis

(duration) ✓ yrs. ✓ mos. ✓ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? usual diagnostic tests

(Signed) Albert H Koch, M. D

, 19 (Address) 2407 N. Jefferson Av

*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: Bellefountain.

DATE OF BURIAL: 1-7- 1927

20. UNDERTAKER: Provost Und Co

ADDRESS: 3710 N. Grand