

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

Do not use this space.

9729

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St Louis (No. 1823 Allen)

File No.

Registered No. 2268

St. Ward)

2. FULL NAME

Yierda Miker

(a) Residence. No. 1823 Allen St. 23 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. 6 da. How long in U.S., if of foreign birth? yrs. mos. da.

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)

Feb 28 = 27

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

6.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St Louis mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Albert - Miker

PARENTS

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St Louis Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Ruth Yellen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St Louis mo

(STATE OR COUNTRY)

14.

INFORMANT

Albert Miker
1823 Allen

15.

FILED

Mar 6 Starkoff

REGISTERED

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6 1927

17. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1927, to March 6, 1927 that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

congenital heart disease

CONTRIBUTORY (SECONDARY) Premature Birth (duration) yrs. mos. 6 da. (8 months preg) (duration) yrs. mos. 6 da.

18. WHERE WAS DISEASE CONTRACTED? 1591 B

IF NOT IN PLACE OF DEATH..... DID AN OPERATION PRECEDE DEATH?..... DATE OF..... WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Edward Wenger, M.D.

3. 7, 1927 (Address) 2002 S. Oldway
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT INJURIES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter & Paul DATE OF BURIAL Mar 7 1927

20. UNDERTAKER Wm B. Moydell ADDRESS 1926 Allen

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.

RECORD

