

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

Do not use this space.

1927

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

St. Louis

City Hospital

File No.....

Registered No.....

4052

St.....

Ward.....

2. FULL NAME

Elizabeth F. Miller

(a) Residence. No.....

1644 Texas

St.....

23

Ward.....

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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Charles M

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

Jan 25-1868

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

59

3

4

8. OCCUPATION OF DECEASED

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

Housewife

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Charles Dunker

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown Buescher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14.

INFORMANT.....

(Address)

Victor Miller

1644 Texas Av.

15.

FILED.....

Jan 30 1927

Max C. Starks

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb 29

1927

17.

I HEREBY CERTIFY, That I attended deceased from.....

....., 19....., to....., 19.....

that I last saw him..... alive on..... *1-30*....., 19....., and that death occurred, on the date stated above, at..... *a*..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sunshot wound of 17th Chest

CONTRIBUTORY (SECONDARY)

Homicide

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?

DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed).....

Wm. D. ...

4/30/27

(Address)

Dep. Coroner

*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

Black Jack Mo.

DATE OF BURIAL

5-1 1927

20. UNDERTAKER

Watt Bros & Co. 2929 N. Jefferson Av.

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.

