

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

Do not use this space.

25652

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City Alton Mo. (No. 4514 Use Co. Cur. .... St. .... Ward) Registered No. 17249

**2. FULL NAME**

Emma Miller  
 (a) Residence. No. 4514 Asco ave, 18 St., ..... (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 9 - 1851</u>		
7. AGE	YEARS	MONTHS
	<u>76</u>	<u>6</u>
		<u>1</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housework</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>at home</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Mo</u> (STATE OR COUNTRY)		
PARENTS	10. NAME OF FATHER <u>H. Fung</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
14. INFORMANT <u>Ernest H. Miller</u> (Address) <u>4514 Asco Ave</u>		
15. FILED <u>16</u> <u>19</u> <u>1927</u> <u>Max &amp; Starkoff</u>		

**MEDICAL CERTIFICATE OF DEATH**

**3**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1927

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1927, to Aug 10, 1927, that I last saw him alive on Aug 10, 1927, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Stroke - cerebral hemorrhage and arterio-sclerosis

131  
 99 (duration) yrs. 6 mos. da.

CONTRIBUTORY Uræmia  
 (SECONDARY) (duration) yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRAICTED at home  
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) H. H. Funderstein, M. D.  
Aug 10, 1927 (Address) Merchant Bank

\*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 <u>New Pickers</u>	DATE OF BURIAL <u>Aug 12 1927</u>
20. UNDERTAKER <u>Cummins Trust Co</u>	ADDRESS <u>4234</u> <u>Marchant</u>

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.

