

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

Do not use this space.

38754

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Primary Registration District No. 1003 File No. 11482
 City St. Louis (No. Del Monte Apartments) Registered No. 11482 Ward

2. FULL NAME

Almire Katherine Deering
 (a) Residence. No. 5600 Delmar 5th Ward (If nonresident give city or town and State)
 (Usual place of abode) Del Monte Apts.
 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 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 Benj. Deering

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 16th 1854

7. AGE: YEARS 73 MONTHS 8 DAYS 5 If LESS than 1 day, hrs. or min.

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) Woodford Co Ky. (STATE OR COUNTRY)

10. NAME OF FATHER Andrew J. Miller

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

12. MAIDEN NAME OF MOTHER Elizabeth M. Ball

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

14. INFORMANT J. M. Deering (Address) Del. Monte Apts.

15. FILED 50 22 1927 May 6 Starkloff REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec, 21st, 1927
 17. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1927, to Dec 21, 1927 that I last saw her alive on Dec 21, 1927, and that death occurred, on the date stated above, at 2. P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial degeneration in conjunction with
92A old age
11.2 (duration) yrs. 3 mos. 22 da.

CONTRIBUTORY (SECONDARY) age (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) T. H. Burn M. D. (Address) 12-22, 1927 (Address) 5657 Delmar 5th Ward

*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 Valhalla Cem. DATE OF BURIAL 12-23-27

20. UNDERTAKER R. R. Rupton ADDRESS 4449

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.

3657 Palmer Blvd.