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.

15008

1. PLACE OF DEATH

County..... Registration District No. 791 File No. .....

Township..... Primary Registration District No. 1003 Registered No. 3924

City St. Louis (No. 3142@ Osceola Street. St. ..... Ward)

2. FULL NAME Theresia Miller.

(a) Residence. No. 3142@ Osceola Street St., 15 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 12 1847.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	5	25	

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) (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Dont know

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

12. MAIDEN NAME OF MOTHER Dont know

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

14. INFORMANT [signature] (Address) 3142@ Osceola Street.

15. FILED....., 19.. [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH 4/7

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-7 1928

17. I HEREBY CERTIFY, That I attended deceased from 3/6, 1928, to 4-6, 1928, that I last saw her alive on 4-6, 1928, and that death occurred, on the date stated above, at 8 45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinome of large intestine

(duration) ? yrs. ? mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Interstitial nephritis arterio-sclerosis.

(duration) ? yrs. ? mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 466 131 91

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) Walter M Jones, M.D.

4/7, 1928 (Address) 3400 Meramec

*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 SS. Peter & Paul Cemetery

DATE OF BURIAL April 11, 1928

20. UNDERTAKER J. H. Gebken L. and N. Co.

ADDRESS 2842 Meramec