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.

APR 30 1929

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

Do not use this space.

12012

1. PLACE OF DEATH
County: St Charles
Township:
City: St Charles (No. ..... St. ..... Ward)

Registration District No. 757
Primary Registration District No. 3036

File No.
Registered No. 50

2. FULL NAME Eleonore Elizabeth Miltenberger
(a) Residence. No. Academy Sacred Heart St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred about 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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) Aug. 9. 1848

7. AGE 80 YEARS | MONTHS 7 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Treasurer (Religious)
(b) General nature of industry, business, or establishment in which employed (or employer): Academy of the Sacred Heart
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Eugene Miltenberger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) No History
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Ann Bogy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No History
(STATE OR COUNTRY)

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14. INFORMANT Mother Nolan
(Address) Academy of the Sacred Heart

15. FILED 3/12, 1929 Hy. G. Bloebaum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1920, to March 10th 1929 that I last saw her alive on March 10th, 1929, and that death occurred, on the date stated above, at 6 40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (Influenzal)
Hypostatic 13D
43D
(duration) 11 yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Myocarditis - Arterio Sclerosis
Cardiac Asthma (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) B. B. Weather, M. D.
3-11, 1929 (Address) St. Charles Mo

*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: Sacred Heart Cemetery
DATE OF BURIAL: Mar 12 1928

20. UNDERTAKER: H. D. Allmeyer & Sons Co
ADDRESS: St Charles Mo