

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

Do not use this space.  
**20892**  
~~20000~~

**1. PLACE OF DEATH**

County ..... Registration District No. **5 201**  
Township ..... Primary Registration District No. **300**  
City **St. Louis** (No. **Lutheran Hospital**) St. **5706** (Ward)

**2. FULL NAME**

**Minnie Miller**  
(a) Residence. No. **5041 Milentz** St. **2** 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** **Female**  
**4. COLOR OR RACE** **white**  
**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) **married**

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **NOV 14, 1893**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<b>37</b>	<b>6</b>	<b>27</b>	

**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)

**10. NAME OF FATHER** **Joseph Schwab**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** **St. Louis**  
(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** **Unknown**

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

**14. INFORMANT** **William Miller**  
(Address) **5041 Milentz**

**15. FILED** **N 12 1930** **Walt O. Starker**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **June 11 1930**

**17. I HEREBY CERTIFY, That I attended deceased from** **May 12**, 19**30**, to **June 11**, 19**30** that I last saw her alive on **June 11, 1930**, and that death occurred, on the date stated above, at **11:57 a.m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Broncho pneumonia**  
**1070**  
**1578** (duration) yrs. mos. **6** ds.

**CONTRIBUTORY (SECONDARY)** **Septicemia caused by Sptie**  
**Hand & Metatarsal** (duration) yrs. **1** mos. **10** ds.

**18. WHERE WAS DISEASE CONTRACTED**  
**from infection cause unknown**  
IF NOT AT PLACE OF DEATH.

**19. DID AN OPERATION PRECEDE DEATH?** DATE OF .....

**20. WAS THERE AN AUTOPSY?** .....

**WHAT TEST CONFIRMED DIAGNOSIS?**  
(Signed) **F. F. Fisher** M. D.

(Address) **7215 Res. Bldg.**

\*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** **Calvary** DATE OF BURIAL **June 14 1930**

**20. UNDERTAKER** **Thos. Kuttis** ADDRESS **2906 Gravois Ave**

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.

DEPARTMENT RECORD

