

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

Do not use this space.

41001

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **5730**, **Acme Ave.**)

File No.....
 Registered No. **11662**
 St. Ward)

2. FULL NAME

Laura Milen (Richards)
 (a) Residence. No. **7423 Commonwealth St.**, **7** Ward. **St. Louis Co. Mo.**
 (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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>March 8 - 1860</i>		
7. AGE	YEARS	MONTHS
	<i>70</i>	<i>9</i>
		DAYS
		<i>4</i>
		If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. *Housework.*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Ills.*
 (STATE OR COUNTRY)

10. NAME OF FATHER *Louis Goddington*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Ills.*
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER *Not known*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Ills.*
 (STATE OR COUNTRY)

14. INFORMANT *Mrs. Ida Willig*
 (Address) *7423 Commonwealth St. Ave.*

15. **DEC 13 1930**
 FILED **19** *Wm. E. Starker*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 12^x 1930*
 17. *No Physician in Attendance*
 I HEREBY CERTIFY, That I attended deceased from 19.....
 to 19.....
 that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at *4 - AM* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
 (duration) mos. ds.

CONTRIBUTORY (SECONDARY) *90%*
 (duration) mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) *J. W. Kemner, M.D.*
12/13 1930 (address) *Dep. Corona*

*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 *Memorial Park.* DATE OF BURIAL *Dec 15 1930*

20. UNDERTAKER *Wm. Leidner* ADDRESS *1417 N. Alameda St.*

