MAR 27 1931

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

Do not use this space.

7035

File No.

Registered No. 38

1. PLACE OF DEATH
County SAINT LOUIS Registration District No. 1170
Township RICHMOND HEIGHTS Primary Registration District No. 6248H
City (No. 1334 ARGUS AVENUE St. Ward)

2. FULL NAME CELIA MILLER
(a) Residence. No. 8022 ELNORA AVE St., 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: COL
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: UNKNOWN

6. DATE OF BIRTH (MONTH, DAY AND YEAR): UNK 1852

7. AGE: 79 YEARS ? MONTHS — DAYS — 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): — 225
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): UNKNOWN
(STATE OR COUNTRY): KENTUCKY

PARENTS
10. NAME OF FATHER: UNKNOWN
11. BIRTHPLACE OF FATHER (CITY OR TOWN): "
(STATE OR COUNTRY): UNKNOWN 31
12. MAIDEN NAME OF MOTHER: UNKNOWN
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): "
(STATE OR COUNTRY): UNKNOWN

14. INFORMANT: ROBERT E. MILLER
(Address): 8022 ELNORA AVENUE

15. FILED 2/9, 1931 C. L. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): FEB 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1931, to Feb 2, 1931, that I last saw her alive on Feb 1, 1931, and that death occurred, on the date stated above, at 1:00 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchio Pneumonia
107A
93A
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY): Acute Myocarditis
(duration) yrs. mos. 4 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
(Signed) John W. Macdonald, M. D.
Feb 7, 1931 (Address) 539 N. Grand

*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: WASHINGTON PARK
DATE OF BURIAL: Feb 9, 1931

20. UNDERTAKER: CHARLES J. GATES
ADDRESS: 4107 FINNEY

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.