

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

Do not use this space.

22920

1. PLACE OF DEATH

County

Registration District No. 791

File No.

Township

Primary Registration District No. 308

Registered No. 6355

City St Louis mo

(No. Deaconess Hospt.)

St.

Ward)

2. FULL NAME

Ella L. Miller

(a) Residence, No. 8243 - Flora

St. 12

Ward. Winton Park mo.

(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 Mr C. O. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE YEARS MONTHS DAYS about 36 3 25 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year) 6 months 11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decorah, Ia.

FATHER 13. NAME L. Iverson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mr C. O. Miller
(ADDRESS) 8243 - Flora (Winton Park)

18. BURIAL, CREMATION, OR REMOVAL PLACE Decorah, Iowa DATE 6/9/31 1931

19. UNDERTAKER Bauman Bros and Co
(ADDRESS) 1504 Woodson Rd Overland mo

20. FILED 7 1931 W. C. Miller
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1931

22. I HEREBY CERTIFY, That I attended deceased from May 12th, 1931, to June 6th, 1931
I last saw her alive on June 6th, 1931. Death is said to have occurred on the date stated above, at 3:55 p. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Embolism following Septicemia with blood stream
streptococci & Staphylococci in blood stream
Other contributory causes of importance: Vegetarian Endocarditis

Date of onset 5/12/31

Name of occupation none Date of not known
What to confirm the cause? not known Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Clyde E. Kane, M. D.
(Address) 6150 Oakland av,



requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate: 62550

Name: Ella L. Miller

Who died at: St. Louis, Mo. on June 6, 1931

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Cerebral Embolism following septicemia with both streptococci and staphylococci in blood stream

Contributory: Vegetative Endocarditis

Non Puerperal, Information given over Phone by Dr. L. E. Kane
Where was disease contracted? Div. of V. S. 2-17-32

Did operation precede death? _____ Date of _____

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