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.

NOV 28 1931

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

Do not use this space.

35473

1. PLACE OF DEATH

County St Charles — Registration District No. 757 — File No.

Township — Primary Registration District No. 3036 — Registered No. 154

City St Charles (No. 424 Jackson St. Ward)

2. FULL NAME Louise Miller

(a) Residence, No. 424 Jackson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 6 - 1872

7. AGE: YEARS 59 — MONTHS 0 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles Mo.

FATHER

13. NAME: Herman Trennepohl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany.

MOTHER

15. MAIDEN NAME: Minnie Lauvermeier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Charles County Mo.

17. INFORMANT (ADDRESS): Marie Miller, 424 Jackson St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St Johns Cemetery DATE: Oct 21, 1931

19. UNDERTAKER (ADDRESS): H L Dallmeyer & Sons 60 St Charles Mo.

20. FILED: 10/20, 1931 Hy. G Bloebaum, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 18th, 1931

22. I HEREBY CERTIFY That I ~~attended deceased from~~ Viewed, 19.., to Body, 19..
~~I last saw h.....~~ alive on Oct 19, 1931. Death is said to have occurred on the date stated above, at 8.50 P.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 10-16-31

8.00 A
97

Other contributory causes of importance:

General Arteriosclerosis

Name of operation — Date of
What test confirmed diagnosis? — 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) F E Breding Coroner, M. D.
(Address) St Charles Mo