

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

Do not use this space.

42258

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City St. Louis (No. St. Johns) (Registered No. 12145)
 (Ward)

2. FULL NAME

(a) Residence, No. Mary E Miller St. 12 Ward. 6620 Chamberlain
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Warren W. Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 2, 1876</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>11</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>6/2/30</u>	11. Total time (years) spent in this occupation <u>2 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo</u>		

FATHER	13. NAME <u>J. J. Riley</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>

MOTHER	15. MAIDEN NAME <u>Martha McLaughlin</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

17. INFORMANT (ADDRESS)
Warren W. Miller
Street 429 - Chamberlain Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary DATE Dec. 9, 1931

19. UNDERTAKER (ADDRESS)
Baumgardner Bros
2504 Woodward St. St. Louis, Mo

20. FILED DEC - 7 1931 Max C. Farley Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 11-30-, 1931, to 12-9-, 1931

I last saw him alive on 12-5-, 1931. Death is said

to have occurred on the date stated above, at 3:45 A.M.

The principal cause of death and related causes of importance were as follows:

17.25 Myocardial Infarction
(spontaneous)

Other contributory causes of importance:

Myocardial Chronic

Name of operation Repair of Valve Date of 12-4-31
 What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Dr. T. DeLeon, M. D.

(Address) 64 Maple St. St. Louis, Mo

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.

Handwritten text, possibly a signature or date, located in the bottom left corner of the page.