

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

Do not use this space.

6095

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City **St. Louis Mo.** (No. **1610a S. Seventh St.**) St. Ward.....

File No.
Registered No. **1099**

2. FULL NAME Louisa Miller

(a) Residence, No. **1610a S. Seventh** St., **23** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 1st 1932**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **George Miller**

22. I HEREBY CERTIFY, That I attended deceased from **Jan - 31**, 19**31**, to **Feb 1**, 19**32**
I last saw her alive on **1/31/32** 19..... Death is said to have occurred on the date stated above, at **3:10** m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 17th, 1842**

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

7. AGE **89** YEARS MONTHS **0** DAYS **14** If LESS than 1 day, hrs. or, min.

Arterio Sclerosis
57A
77
162
517
Other contributory causes of importance:
Ch. with the deformations
Senility

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
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) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo. 1**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **no**

13. NAME **John Weitz**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany 10**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **no** 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.....

17. INFORMANT (ADDRESS) **Eda Scherbel 1610 S. 7th St**

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Pucker** DATE **Feb 3**, 19**32**

19. UNDERTAKER (ADDRESS) **Max & Edna 2331 S. Broadway**

24. Was disease or injury in any way related to occupation of deceased? **no**
If so, specify..... (Signed) **Max & Edna**, M. D.
(Address) **Max & Edna**

20. FILED **FEB - 2 1932**

Registrar

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.

