

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

Do not use this space.
24276

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1000**
City **St. Louis** (No. **City, Hospital**)

File No.....
Registered No. **6393**
St..... Ward.....

2. FULL NAME

Clara Miller
(a) Residence, No. **4051 West Pine** St. **Pine** Ward:
(Usual place of abode)

Length of residence in city or town where death occurred **Life** mos. ds. **19** How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14 - 1907		
7. AGE YEARS 25	MONTHS 2	DAYS 25
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Telephone operator		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bruer Bros. Shoe company		
10. Date deceased last worked at this occupation (month and year).....		
11. Total time (years) spent in this occupation.....		

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

13. NAME **David Stamm**

14. BIRTHPLACE (CITY OR TOWN) **Pa.** (STATE OR COUNTRY) **21**

15. MAIDEN NAME **Hannie Rosenbrock**

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

17. INFORMANT **Hospital Superintendent** (ADDRESS) **City Hospital**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem.** DATE **July 12, 1932**

19. UNDERTAKER **Geo. L. Pleitall Inc.** (ADDRESS) **5946 Eastern**

20. FILED **JUL 11 1932** **W. E. Stamm** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 9, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **June 11, 1932** to **July 9, 1932**

I last saw him alive on **July 9, 1932** Death is said to have occurred on the date stated above, at **9:15 P.M.**

The principal cause of death and related causes of importance were as follows:
122B
120B

Intestinal Obstruction (Inflammatory + Adhesions)

Other contributory causes of importance:
Gangrene + perforation of Ileum

Name of operation **7-8-52** **Deferatory** Date of **July 9, 1932**
What first confirmed diagnosis **Clinical** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide **Yes** 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?
If so, specify.....

(Signed) **Raymond Whetsel**, M. D.
(Address) **City Hospital**

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.

Miller