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 1932

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

Do not use this space.

33535

1. PLACE OF DEATH
96 County St. Louis — Registration District No. 1170 — File No.
7 Township Central — Primary Registration District No. 624816 — Registered No. 194
7 City Richmond Hts. St. Mary's Hosp. St. Ward)

2. FULL NAME Theresa A. Miller

(a) Residence, No. 5529 Southwest St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1932

7. AGE: YEARS 5 — MONTHS 3 — DAYS 14 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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. Louis Missouri

FATHER
13. NAME Fred J. Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Louise Hanneke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Fred J. Miller 5529 Southwest Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Oct. 15, 1932

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 S. Kingshighway Blvd

20. FILED 10/13, 1932 C. S. Jousha Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:50 P.m.

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

Struck by automobile while a pedestrian on public highway. 10/11/32

Other contributory causes of importance: Fractured skull.

Name of operation None Date of

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? Acc. Date of injury 10/11, 1932
Where did injury occur? St. Louis (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Auto Accident
Nature of injury Fract. skull.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) John O'Connell, M. D.
(Address) Coroner of St. Louis County