

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. # 7 East Pl.)

Registration District No. 701
Primary Registration District No. 1003

File No. 42430
Registered No. 11542
St. Ward)

2. FULL NAME Hannah Miller

(a) Residence, No. # 7 East Pl. St. 8 Ward.

(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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 26 - 1854</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>9</u>
	DAYS <u>29</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>Housework</u>	
	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, Mo.

FATHER 13. NAME Fred. Lange

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

MOTHER 15. MAIDEN NAME Lories Sieckmann

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

17. INFORMANT (ADDRESS) Chris Gross # 7 East Pl.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla DATE Dec 27, 1932

19. UNDERTAKER (ADDRESS) W. J. Leidner Mtd. Co. 1417 N. Market St.

20. FILED DEC 27 1932 Max Citarell Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1932 to Dec 25, 1932
I last saw her alive on Dec 23, 1932 Death is said to have occurred on the date stated above, at 6¹⁵ A. M.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
950
Other contributory causes of importance:
arterio-sclerosis Gen. senility

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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.

Manner of injury
Nature of injury U

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) J. O'Keefe M. D.

(Address) 8321 No Broadway

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

