

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

Do not use this space.

25109

File No. **6528**
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **7 (CITY)**
City **St. Louis Mo.** (No. _____) Sanitarium _____

2. FULL NAME

Amy Milligan
(a) Residence, No. **2343** **Randolph** St., **13** Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **26** yrs. + mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 27, 1853**
7. AGE YEARS **79** MONTHS **7** DAYS **7** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laundress**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Unknown**
10. Date deceased last worked at this occupation (month and year) **Unknown** 11. Total time (years) spent in this occupation **Unknown**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Uniontown Kentucky**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Walter Richter 5700 Wernwal**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington** DATE **7-16** 1933

19. UNDERTAKER (ADDRESS) **Walter Richter 3500 Rutledge St**

20. FILED **72 1033** 19 **7 F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/3/33** 19
22. I, HEREBY CERTIFY, That I attended deceased from **8/1/26** 19 to **7/2/33** 19.
I last saw him alive on **7/2/33** 19. Death is said to have occurred on the date stated above, at **5:30** a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset **8/1/26**
936
97
936
Other contributory causes of importance: **Arteriosclerosis** **9/1/26**

Name of operation _____ Date of _____
What test confirmed diagnosis? **Chronic** Was there an autopsy? **No**

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? _____
If so, specify _____
(Signed) **W. Richter** M. D.
(Address) **5700 Wernwal**

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.

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