

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

Do not use this space.

3253

PLACE OF DEATH

County..... Registration District No. **791**
 Townshp..... Primary Registration District No. **1003**
 City **St. Louis** (No. **Bethesda Hospital**) St. _____ Ward _____

File No. _____
 Registered No. **913**
 St. _____ Ward _____

2. FULL NAME Susan Caroline Miles
 (a) Residence, No. 1302 Laural Ave. St. 6 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Miles
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13th, 1878
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
 55 10 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Illinois

13. NAME Alven C. Van Natta

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Charles Miles
 (ADDRESS) 5947 Columbia Ave. U.C.Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Laurel Hill Cem DATE Jan. 26th 1934

19. UNDERTAKER Drehmann Laval
 (ADDRESS) 1905 Union Blvd.

20. FILED 19 _____
 Registrar. *J. Brebeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1934

22. HEREBY CERTIFY that I attended deceased from Jan 8, 1934, to Jan 24, 1934.
 I last saw her alive on Jan 23, 1934. Death is said to have occurred on the date stated above, at 7 a.m.

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

Myocarditis (Chy.)
(auricular fibrillation)
Robert pneumonia (left base)
 Date of onset _____

Name of operation None 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? _____ 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 of injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) *J. Brebeck* _____, M. D.

(Address) 201 West 13th
 1-24-34

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.

FEB 27 1934

322-5
Linn Bldg
at 12:00