

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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **701**
Township Primary Registration District No. **1003**
City St. Louis Mo. (No. Sanitarium) St. Ward)

7120

File No.
Registered No. **2001**

2. FULL NAME

Julia Miller
(a) Residence, No. 3507 Magnolia St. 17 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 78 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) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Francis E. Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown About 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 78

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

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

13. NAME Mrs. Steinkuehler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Augusta Hindrichs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) H. Rohrer 5400 Alameda

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue DATE Feb. 27 1934

19. UNDERTAKER (ADDRESS) W. A. Stock and Co. 2117 E. Legue Blvd.

20. FILED FEB 26 1934 J. J. Gredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25/34, 19...
22. I HEREBY CERTIFY, That I attended deceased from 3/28/30, 19... to 2/24/34, 19...
I last saw him alive on 2/21/34, 19... Death is said to have occurred on the date stated above, at 12:30 A. M.
The principal cause of death and related causes of importance were as follows:

Pyelonephritis (organism not known)
1330
Other contributory causes of importance: arteriosclerosis
Date of onset 2/22/34

Name of operation Date of
What test confirmed diagnosis? Plum's test Was there an autopsy? yes

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) H. Rohrer, M. D.
(Address) 5400 Alameda

