

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

Do not use this space.

1. PLACE OF DEATH

County .....  
Township *St. Louis Mo*  
City *St. Louis Mo*

Registration District No. *791*  
*1008*  
Primary Registration District No. *# 10 Shaw Pl*

File No. *26523*  
Registered No. *6692*  
St. *17* Ward

2. FULL NAME

(a) Residence, No. *Helen M. Miller* St. *17* Ward.  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 16 1874</i>		
7. AGE	YEARS <i>89</i>	MONTHS <i>6</i>
	DAYS <i>19</i>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>At Home</i>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Fort Jervis Pa.</i>		
FATHER	13. NAME <i>Unknown</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
MOTHER	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT (ADDRESS) <i>Paul Miller #10 Shaw Pl</i>		
18. BURIAL, CREMATION, OR REMOVAL <i>St. Louis Cemetery</i> DATE <i>July 7 1934</i>		
19. UNDERTAKER (ADDRESS) <i>Wm. J. Roberts 1905 3 Grand Pl</i>		
20. FILED 19 <i>34</i> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 5 1934*

22. HEREBY CERTIFY, that I attended deceased from *June 28 1934* to *July 4 1934*  
I last saw him alive on *July 4 1934* Death is said to have occurred on the date stated above, at *11:30* m.  
The principal cause of death and related causes of importance were as follows:  
*1934  
Chronic myocarditis  
1915  
gac  
1860*

Other contributory causes of importance:  
*Fracture of tibia upper 1/3.  
Fell from cedar chest to floor*

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

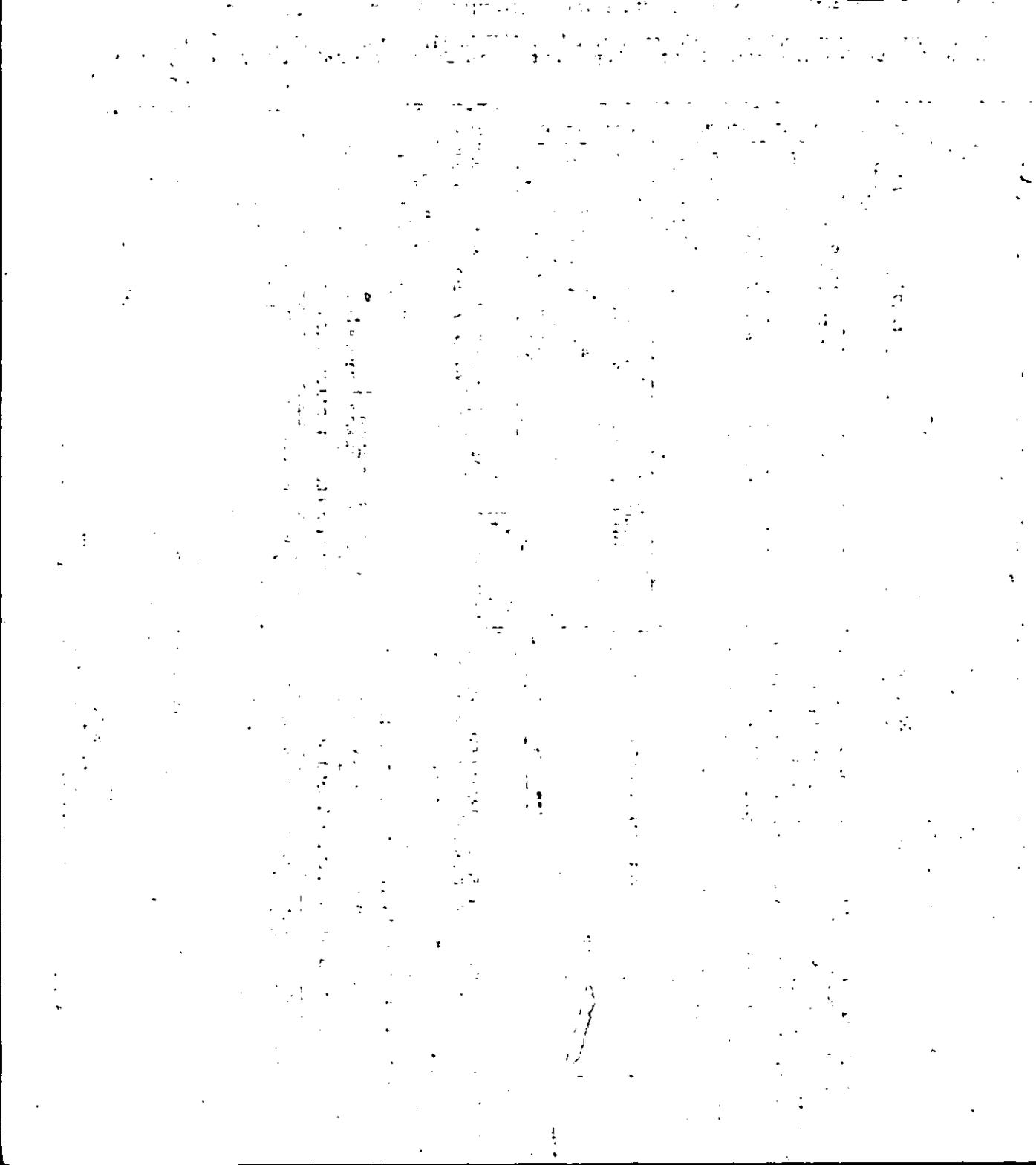
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicidal? \_\_\_\_\_ Date of injury *6-25 1934*  
Where did injury occur? *St. Louis* (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. *Home*  
Manner of injury *Fall*  
Nature of injury *Fract. Tibia*

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) *A. H. Fulmann* M. D.  
(Address) *4247 S. Grand*

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.

AUG 15 1934



#2

St. Louis

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.

6692

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Helen M. Miller.  
Who died at \_\_\_\_\_ on July - 5 - 1934  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex F. Color or race W Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 89 Months 6 Days 19

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

Name of physician \_\_\_\_\_

Address of physician \_\_\_\_\_

Signature of Registrar J. D. Bredecks 8-29-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly, using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 791

Primary Reg. Dist. No. 1003

E. T. McGaugh, M. D.  
Special Agent.

SECRET

26523