

OCT 11 1934

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

Do not use this space.

34653

## 1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. East 10th to Kemp) St. .... Ward)File No. ....  
Registered No. 9513  
St. .... Ward)

## 2. FULL NAME

Annabelle Miller  
(a) Residence, No. 1103 A North Market St. Ward 26  
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 30 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) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Benjamin Miller6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
about 408. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home10. Date deceased last worked at this occupation (month and year) March 1933 11. Total time (years) spent in this occupation 1412. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo13. NAME Charles A. Bischof14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton Mo15. MAIDEN NAME Yoran Carter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Muedah Mo17. INFORMANT Eleanor Kelly  
(ADDRESS) 6334 State St18. BURIAL, CREMATION, OR REMOVAL PLACE New Yorkers DATE Sept 29, 193419. UNDERTAKER Margie J. Shiley  
(ADDRESS) Madison20. FILED SEP 27 1934 Registrar J. Bredeke

## 1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him ..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 P. M.

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

460Carcinoma of Rectum  
(Malignant)

Other contributory causes of importance:

Name of operation 460 Date of .....What test confirmed diagnosis? ..... Was there an autopsy? no23. 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) Harold Shiley(Address) Madison

