

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.

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

Do not use this space.

MAR 15 1935

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1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 19115)

Registration District No. 791
Primary Registration District No. 1003

File No. _____
Registered No. 1996
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1825 1/2 8th St. 26 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------------|--|
| 3. SEX <u>2</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 16 - 35</u> | | |
| 7. AGE YEARS | MONTHS | DAYS |
| | | <u>11</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |

| | |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u> |
| | 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) St. Louis, Mo.

FATHER 13. NAME John Miller

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

MOTHER 15. MAIDEN NAME Elizabeth

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

17. INFORMANT (ADDRESS) Wasp # 1003 St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLAC Rock Creek Mo. DATE Feb 28 35

19. UNDERTAKER Wm. C. Moydell (ADDRESS) 25 1932 9 36

20. FILED 19 St. Louis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/27 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/16, 1935, to 2/27, 1935

I last saw her alive on 2/27, 1935 Death is said to have occurred on the date stated above, at 11:20 m.

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

Heartburn (Gastritis)
ASA
Other contributory causes of importance:

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 homicide? _____ Date of injury _____, 1935

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. C. Moydell, M. D.
(Address) St. Louis

