

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

Do not use this space.

791
1003

11059

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 3806) Armed St St. Ward.....

File No. 2690
Registered No. 2690
St. Ward.....

2. FULL NAME

Emeralda Story Miller
(a) Residence, No. 3806 Armed St St., 16 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Richard L Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 22, 1854</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>0</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation.....
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).....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 22, 1935

I HEREBY CERTIFY, That I attended deceased from Nov 3, 1934, to March 27, 1935.
I last saw h. alive on March 27, 1935. Death is said to have occurred on the date stated above, at 4:30 a. m.
The principal cause of death and related causes of importance were as follows:

General Arterio Sclerosis
Chronic Hypertensive nephritis
Other contributory causes of importance: 131

Date of onset
1930
1930

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....., 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? No
If so, specify.....
(Signed) William Hunter, M. D.
(Address) 333 1/2 2nd Blk

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Drew Mountain</u> <u>Mo</u>
	13. NAME <u>William Story</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Vermont</u>
	15. MAIDEN NAME <u>Martha Lodge</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT <u>Mrs J. F. Haugmire</u> (ADDRESS) <u>340 Poplar St Webster Grove Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill Cem.</u> DATE <u>3-23</u> 19 <u>35</u>
	19. UNDERTAKER <u>Megshaw Mortuaries</u> (ADDRESS) <u>4228 So. 1st Highway</u>
	20. FILED <u>MAR 22 1935</u> <u>J. B. Debeck</u> Registrar.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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