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.

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

APR 29 1935

Do not use this space.

14276

File No. 3086

Registered No. 3086

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St. Louis (No. DePaul Hospital St. Ward)

2. FULL NAME Mary A. Miller

(a) Residence, No. 743 N. Euclid Ave St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Paul E. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	55	Unknown		

OCCUPATION

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

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) New Jersey

FATHER

13. NAME Robert Gatewood

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

MOTHER

15. MAIDEN NAME Dont Know

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

17. INFORMANT (ADDRESS) Paul Miller 743 N. Euclid Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 4/5 1935

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly 3840 Lindell Blvd

20. FILED APR - 3 1935 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from March 30 1935 to April 2 1935

I last saw h~~im~~er alive on April 2 1935 Death is said to have occurred on the date stated above, at 1:15 P m.

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

	Date of onset
Cardiac illness and Septicemia caused from cancer of the Pancreas	

Other contributory causes of importance: Carcinomatosis of stomach & retro-peritoneal glands, bronchitis and ulcer of stomach

Name of operation Exploratory Date of 3/31/35

What test confirmed diagnosis? Findings 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? No

If so, specify.

(Signed) Eugene L. Kohn M. D.

(Address) 4968 Delmar Blvd

Dr [illegible]
1968 [illegible]
10 – 1 [illegible]