

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

Do not use this space.

OCT 23 1935

791  
1003

31142

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. 5291, Washington St. Ward)

File No.....  
Registered No. 7937  
St. Ward

2. FULL NAME

(a) Residence, No. 5291 Washington Ward. 12 (If nonresident, give city or town and State)  
(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.

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>Robert E. Williams</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28-1858</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>11</u>
	DAYS <u>22</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>At Home</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) <u>St. Louis, Missouri</u>		
FATHER	13. NAME <u>Charles Miller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alexandria, Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Ellen M. Morgan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alexandria, Virginia</u>	
17. INFORMANT (ADDRESS) <u>Charles J. Miller</u> <u>5291 Washington</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine Cove 9/23-1935</u>		
19. UNDERTAKER (ADDRESS) <u>C. P. Lupton &amp; Sons</u> <u>4449 Olive Street</u> <u>J. J. Bredeck</u> Registrar		
20. FILED <u>SEP 21 1935</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 1935, to Sept 20 1935.  
Last saw him alive on Sept 20 1935. Death is said to have occurred on the date stated above, at 9:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Heart disease Date of onset 6/35  
due to arteriosclerosis  
131  
Other contributory causes of importance:  
Arterio Sclerosis - seen  
Cardio-Vascular - seen  
Senescence seen

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 Floyd Stewart M. D.  
(Signed) Cherwin Boyd  
(Address) Cherwin Boyd

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.

Chem Bldg  
C.H. 6938

Res 5266 Washington  
To 1409