

JAN 29 1935

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City St. Louis Mo. (No.), Sanitarium St. Ward

41610

File No.
Registered No. **10854**

2. FULL NAME

Lillian Miller (Proper Stein)
(a) Residence, No. 4318 Olive St. St. 19 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 76 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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3, 1904
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 31 2 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dresser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. cloak cleaning
10. Date deceased last worked at this occupation (month and year) About Oct 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

13. NAME Carl Stein

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

15. MAIDEN NAME Francisca Wlar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Germany

17. INFORMANT (ADDRESS) request of applicant 5400 Delmar

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec 23 1934

19. UNDERTAKER (ADDRESS) Edw. P. Howard & Son 4219 St. Louis ave

20. FILED DEC 23 1935 19. 74 Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-20 1935
22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1935, to 12-20, 1935.
I last saw her alive on 12-20, 1935. Death is said to have occurred on the date stated above, at 6:50 a.m.
The principal cause of death and related causes of importance were as follows:

Gen. Paralysis of the acute
lute
Other contributory causes of importance: 83
Date of onset Oct 14 1935

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?
If so, specify
(Signed) request of applicant M. D.
(Address) 5400 Delmar

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

