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

MAY 7 19[illegible]

791

Do not use this space.

17445

1. PLACE OF DEATH
County ..... Registration District No. 1003
Township ..... Primary Registration District No. .....
City St. Louis Mo Lutheran Hospital St. ..... Ward)

File No. .....
Registered No. 4225

2. FULL NAME Virginia Lee Miller
(a) Residence, No. 3600a No Taylor St., 10 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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1915

7. AGE YEARS 20 MONTHS 9 DAYS 30 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bill Clerk
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) Illinois

FATHER
13. NAME Leo Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Katherine Schliesser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington Mo

17. INFORMANT (ADDRESS) Katherine Miller 3600a No Taylor

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jones Cemetery DATE 4/18/36

19. UNDERTAKER (ADDRESS) Hook & Carroll 3600 Natl Bridge

20. FILED APR 17 1936 19 J F Brideck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1936, to April 15, 19..
I last saw her alive on April 15, 1936. Death is said to have occurred on the date stated above, at 11 p m.
The principal cause of death and related causes of importance were as follows:

Bowel obstruction — Date of onset 4/6/36
bowel gangrenous + ulcerating
caused by adhesions Results
of an appendectomy
performed several years
ago

Other contributory causes of importance:

Name of operation Exploration + rection of bowels Date of 4/15/36
What test confirmed diagnosis findings Was there an autopsy? no

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) Edmond Bonnot, M. D.
(Address) 1504 So Grand