

JUL 14 1936

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. James Mo (No. ...., Sanitarium St. .... Ward)

24344

File No. ....  
Registered No. **5958**

2. FULL NAME

Rebecca Miller  
(a) Residence, No. 1111 Morgan St. 25 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 4 1/2 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>Harry Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>About 1880</u>		
7. AGE YEARS <u>About 56</u>	MONTHS <u>-</u>	DAYS <u>-</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>		
10. Date deceased last worked at this occupation (month and year) <u>About 1897</u>		11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8-1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to June 8, 1936  
last saw her alive on June 8, 1936. Death is said to have occurred on the date stated above, at 5:10 P. m.  
The principal cause of death and related causes of importance were as follows:  
Emphysema of gall bladder  
Pulmonary pneumonia  
(hypostatic)  
operation for Emphysema of Gall Bladder  
Cholecystitis  
Other contributory causes of importance:  
Dementia Praecox 1915.

Date of onset  
5/10/36  
6/5/36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Russia</u>
13. NAME <u>M. Eiker</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Russia</u>
15. MAIDEN NAME <u>Unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Russia</u>
17. INFORMANT (ADDRESS) <u>P. C. Sinclair</u> <u>City Sanitarium</u>
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Chuddick Emph</u> DATE <u>6/9</u> , 19 <u>36</u>
19. UNDERTAKER (ADDRESS) <u>H. B. Berger</u> <u>4715 McPherson</u>
20. FILED <u>JUN 9 1936</u> <u>J. P. Bredeck</u> Registrar.

Name of operation Operation Date of.....  
What test confirmed diagnosis? operation 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 Operation  
(Signed) P. C. Sinclair, M. D.  
(Address) City Sanitarium

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.

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