

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

Do not use this space.

28411

AUG 18 1936

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 812 Russell, Av.)

File No.....
Registered No. 7174
St. Ward)

2. FULL NAME Lena Kaneigser Miller

(a) Residence, No. 812 Russell St. 22 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/14/85

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 4 29

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

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) St. Louis, Mo. (STATE OR COUNTRY)

13. NAME George Etzel

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

15. MAIDEN NAME Anna Frank

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

17. INFORMANT Frank Miller (ADDRESS) 812 Russell, Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE 7-16-36, 19..

19. UNDERTAKER Wm C Mayall (ADDRESS) 1926 Allen Av.

20. FILED JUL 14 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Phys in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/15/36

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 8:30 p. m.

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

Heart Stroke Date of onset

Other contributory causes of importance: 191

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify..... (Signed) J. Bredeck M.D.

(Address) 114 1/2 36

11/11/88
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