

NOV 4 1936

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

Do not use this space.

39032

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Deaconess Hospital**)

File No.
Registered No. **10058**
St. Ward)

2. FULL NAME

Elizabeth Miller
(a) Residence, No. **3528 McPherson** St. **14** Ward. (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 **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 24 1866**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**
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) **Grand Tower Ill.**

MOTHER FATHER 13. NAME **August Miller**

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

15. MAIDEN NAME **Don't Know**

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

17. INFORMANT **Milton C. Miller** (ADDRESS) **3528 McPherson**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cemetery** DATE **Oct 5 1936**

19. UNDERTAKER **Henry E. Weick** (ADDRESS) **22601 Gen. Sargent Blvd.**

20. FILE **9361 9 100** Registrar. **J. F. Bredek**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct - 3rd - 1936**

22. I HEREBY CERTIFY, That I attended deceased from **July 12 1936** to **Oct 3rd 1936**
last saw him alive on **Oct 3rd 1936**. Death is said to have occurred on the date stated above, at **8:45 a.m.**

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

Sclerosis Spinal Cord Date of onset **84 yrs**
Gen. Arterio Sclerosis

Other contributory causes of importance: **Phlebotomy labor 3 days**

Name of operation **None** Date of
What test confirmed diagnosis? **Clinical** (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 **Relief E. Gustafson, M.D.** (Signed) **W. H. S. Jones** (Address) **3000**

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.

