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.

JAN 10 1937

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

Do not use this space.

47070

1. PLACE OF DEATH

County St. Louis — Registration District No. 791

Township — Primary Registration District No. 1003

City St. Louis-Mo. (No. 4320 Minnesota St. Ward)

File No.

Registered No. 12900

2. FULL NAME Mrs. Mame Miller.

(a) Residence, No. 4320 Minnesota St., 15 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 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) Widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22-1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
71.	10.	9.	

OCCUPATION

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

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) 1934

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME James Key.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carmel England.

MOTHER

15. MAIDEN NAME Mary Laughton.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cork Ireland.

17. INFORMANT (ADDRESS) W. J. Miller E. St. Louis Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Carmel DATE 1/2/37. 19

19. UNDERTAKER (ADDRESS) G. M. Brichler East St. Louis Ill.

20. FILED DEC 31 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31st, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1936, to Dec 31st, 1936

I last saw her alive on Dec 30, 1936 Death is said to have occurred on the date stated above, at 1:45 a.m.,

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

Chronic Vascular heart disease

Date of onset

Other contributory causes of importance:

Chronic Parenchymatous nephritis

Name of operation None Date of 12-31-36

What test confirmed diagnosis? Clinic 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) E. E. Heifle, M. D.

(Address) 2801 Chippewa

Ia. Heinzlers

Chippewa

[illegible]

38 S.
38 W. } [illegible]