

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

Do not use this space.

**MAR 5 - 1937**

**791  
1003**

File No. 8601  
Registered No. 2058  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County St. Louis Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis (No. # 9, Hortense Place)

**2. FULL NAME** Margaret Mary Miller

(a) Residence, No. \_\_\_\_\_ St. 12 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/17, 1937

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

22. I HEREBY CERTIFY, that I attended deceased from Feb 6<sup>th</sup>, 1937 to Feb 17<sup>th</sup>, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1864

I last saw her alive on Feb 17<sup>th</sup>, 1937 Death is said to have occurred on the date stated above, at 7:15 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 7 10

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

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) \_\_\_\_\_  
11. Total time (years) spent in this occupation \_\_\_\_\_

Date of onset 7/10

Cornary Thrombosis  
Other contributory causes of importance:  
Sub-acute Bronchitis  
Presbyopic Cataract

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

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME Patrick Brady

What test confirmed diagnosis? Microscopy Was there an autopsy? No

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

15. MAIDEN NAME Margaret Dolan

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

17. INFORMANT # Henry Miller  
(ADDRESS) # 9, Hortense Place

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemt. DATE 2-19-37, 1937

19. UNDERTAKER Arthur J. Donnelly  
(ADDRESS) 3840 Lindell Blvd.

20. FILED FEB 18 1937 J. T. Bredeck Registrar.

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Deborah McCallum, M. D.  
(Address) 800 Missouri

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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No. 7880

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