APR 27 1937

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

Do not use this space.

File No. 13429
Registered No. 50

1. PLACE OF DEATH

County: ST. LOUIS — Registration District No. 789
Township: Central — Primary Registration District No. 6033
City ..... (No. 6239 PAGE BLVD. ..... St. ..... Ward)

2. FULL NAME BERTHA MILLER

(a) Residence, No. 6239 PAGE BLVD. St., ... 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 24, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	4	13	

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. None
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
(STATE OR COUNTRY) MO.

FATHER
13. NAME JOHN C. MILLER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER
15. MAIDEN NAME MARIE MILLER (NEE)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT E. A. MUELLER
(ADDRESS) 4615 LINDELL BLVD.

18. BURIAL, CREMATION, OR REMOVAL
PLACE BELLEFONTAINE CEM. DATE FEB. 9, 1937

19. UNDERTAKER PEETZ BROS.
(ADDRESS) 3029 LAFAYETTE AVE.

20. FILED 2-9-1937 Ida Baehner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1935, to Feb. 7, 1937
I last saw her alive on Feb. 6, 1937. 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:

	Date of onset
Myocarditis, Chronic	

Other contributory causes of importance:
General Arteriosclerosis

Name of operation None Date of —
What test confirmed diagnosis Physical exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19..
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) R. T. Laurell, M. D.
(Address) 512 Beaumont Bldg.

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.

Dr. R. V. Powell
Beaumont Bldg.
3720 Washington
Jeff- 6853