

APR 27 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 1123Township CarondeletPrimary Registration District No. 6248BCity 4741 Siebert Ave.(No. 4741)City Siebert Ave.File No. 13545  
Registered No. 105 Ward2. FULL NAME Augusta A. Miller(a) Residence, No. 4741 Siebert Ave., St.          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 F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dennis Miller6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/27/18777. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
59 4 8

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Glasgow  
(STATE OR COUNTRY) Missouri13. NAME Wm Lutz14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)15. MAIDEN NAME Schaefer16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)17. INFORMANT Bernadine Lammers  
(ADDRESS) 4741 Siebert Ave.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Glasgow, Mo. DATE 3/8/3719. UNDERTAKER J. L. Ziegenhein & Sons  
(ADDRESS) 7027 Gravois Ave.20. FILED Mar 6 1937 A. Mowrey  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 193722. I HEREBY CERTIFY, That I attended deceased from Mar 25 1936 Mar 5 1937I last saw him alive on Mar 5 1937 Death is said to have occurred on the date stated above, at 7:04 PM

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

Carcinoma of Breast  
50

Other contributory causes of importance:

CarcinomaName of operation Pharynx Date of         What test confirmed diagnosis? Pharynx 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? NoIf so, specify         (Signed) Oliver Albert, M. D.(Address) 25912 St. Kempf Highway

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.

