CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

JUN 12 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST. LOUIS (No. 4606, MARYLAND AVE. St. ..... Ward)

File No. 18628

Registered No. 5204

2. FULL NAME GERTRUDE MILLER

(a) Residence, No. 4606 MARYLAND AVE. St., 12 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: FEMALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MARCH 21, 1886

7. AGE: 223 — YEARS: 51 — MONTHS: 2 — DAYS: 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WARFIELD SHOPS

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): BEATRICE NEBR.

FATHER

13. NAME: C. WILLIAM MILLER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IOWA

MOTHER

15. MAIDEN NAME: ANNA S. HUGHES

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): IOWA

17. INFORMANT (ADDRESS): LAWRENCE E. MAHAN 4606 MARYLAND AVE.

18. BURIAL, CREMATION, OR REMOVAL

PLACE BEATRICE, NEBR. DATE MAY 27, 1937

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

20. FILED MAY 25 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MAY 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from November, 1935, to May 25, 1937

I last saw her alive on May 23, 1937. Death is said to have occurred on the date stated above, at 5 50/4 m.

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

	Date of onset
Carcinoma of Colon c̄ Metastases	1935

46 C

Other contributory causes of importance:

Name of operation: Laparotomy Date of Dec 1936

What test confirmed diagnosis? microscopic exam of specimen 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 .....

(Signed) C. Malone Strand, M. D.

(Address) 607 N Grand