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.

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25925

Township ..... Primary Registration District No. 1003 Registered No. 7099

City Saint Louis, Missouri (No. 4418 Wallace Ave. St. ..... Ward)

2. FULL NAME Emma Miller.

(a) Residence, No. 4418 Wallace Ave. St., 15 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: 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21st, 1864.

7. AGE: 73 YEARS, 4 MONTHS, 4 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Work.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Missouri.

FATHER

13. NAME John Miller.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Joseph Miller.
(ADDRESS) 4418 Wallace Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Catawissa Missouri DATE July 27th, 1937

19. UNDERTAKER Ziegenheim Bros.
(ADDRESS) 2623 Cherokee Street.

20. FILED JUL 26 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from June 17th, 1937, to July 24th, 1937
I last saw her alive on July 24th, 1937 Death is said to have occurred on the date stated above, at 6:40A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Myocarditis	10 years
Other contributory causes of importance: Exophthalmic Goitre	?

Name of operation None Date of .....
What test confirmed diagnosis? Clinical 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) Walter A. Gunn, M. D.
(Address) 5005 Gravois Ave.