

AUG 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. Louis Registration District No. 1099  
Township Wardell Primary Registration District No. 5868  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward)

File No. 28025  
Registered No. \_\_\_\_\_

2. FULL NAME

Mary Ellen Miller  
(a) Residence, No. Wardell 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. 11 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 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) Aug 13-1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
10 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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 None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardell Mo

MOTHER 13. NAME Clarence Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardell Mo

15. MAIDEN NAME Ethel Muel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wardell Mo

17. INFORMANT (ADDRESS) George Miller

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell Mo DATE 7-11-37

19. UNDERTAKER (ADDRESS) H. S. Smith

20. FILED 8-9 1937 J. J. Creasy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 1937

22. I HEREBY CERTIFY That I attended deceased from July 7 1937 to July 9 1937  
I last saw him alive on July 8 1937. Death is said to have occurred on the date stated above, at 9 P. m.  
The principal cause of death and related causes of importance were as follows:

Ileo Colitis Date of onset 6-25

Other contributory causes of importance: 119 lb

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) William F. Pitt \_\_\_\_\_, M. D.

(Address) Wardell Mo

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.

MEMORANDUM FOR THE RECORD

DATE: 10/15/54

TO: SAC, NEW YORK

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]