

SEP 10 1937

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

29435
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **DePaul Hospital** Registered No. **8068**
(e) Length of residence in city or town where death occurred **8** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Beulah Miller**

(a) Residence, No. **5341 Emerson Ave.** St. **7**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) **Dec. 2, 1922**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 8 25
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **School Girl**
9. Industry or business in which work was done, as 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) (STATE OR COUNTRY) **Donaphian, Mo.**FATHER 13. NAME **Edward Miller**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**MOTHER 15. MAIDEN NAME **Antono Dolenz**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo.**17. INFORMANT **Sister Alexis**
(ADDRESS) **5341 Emerson**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **8/28/37** 19.19. FUNERAL DIRECTOR **Cullen & Kelly**
(ADDRESS) **1416 N. Taylor Ave.**20. FILE NO. **286128 907** **J. Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/27** 19**37**22. I HEREBY CERTIFY, That I attended deceased from **7/17**, 19**37**, to **8/27**, 19**37**
I last saw her alive on **8/27**, 19**37** Death is said to have occurred on the date stated above, at **4:00 A.M.**

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

Sub acute myelogenous leukemia Date of onset **7/14/37**

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? **Blood smears** Was there an autopsy? **Yes**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 injury24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) **J. C. Mellers**, M. D.
(Address) **De Paul Hospital**

STATEMENT BY LICENSED EMBALMER

I, Clement McNeary, Licensed Embalmer No. 3732

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Clement McNeary

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Clement McNeary

Licensed Embalmer No. 3732

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)