

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

29484
Do not use this space.

SEP 10 1937

791
1008

Registered No. 8117

1. PLACE OF DEATH
(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. City Hospital No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
C. 6317 Shirley Ann Miller

2. PRINT FULL NAME
(a) Residence, No. 1430 A Dodier St. 26
(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) Oct 4, 1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>0</u>	<u>10</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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) St. Louis, Missouri

FATHER 13. NAME Leslie Miller

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER 15. MAIDEN NAME Lillie Hoff

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) H osp I nfo M. Kent

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE Aug. 30, 1937

19. FUNERAL DIRECTOR (ADDRESS) Math. Hermann & Son
2161 East Fair Avenue

20. FILED AUG 29 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/27/37 19

22. I HEREBY CERTIFY, That I attended deceased from 8/6/37, 19, to 8/27/37, 19.
I last saw her alive on 8/27/37, 19. Death is said to have occurred on the date stated above, at 4.10 p.m.

The principal cause of death and related causes of importance were as follows:
3 curry
119
Date of onset 1937

Other contributory causes of importance:
Otitis Media
Colitis
Date of onset 1937
1937

Name of operation Date of
What test confirmed diagnosis? 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 1
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify flu
(Signed) J. P. Burnett, M. D.
(Address) City Hospital No. 1

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.

211000

STATEMENT BY LICENSED EMBALMER

I, Edwin J. Kernan, Licensed Embalmer No. 2513

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

..... L. E.

No. or by
working under my personal supervision.

Signed

Edwin J. Kernan
Registered Apprentice No.

Licensed Embalmer No. 2513

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.)