

OCT 14 1937

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

32260

Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** 791
(a) County Registration District No. **1003**
(b) Township Primary Registration District No.
(c) City **St. Louis** (d) Street No. **2601** N Whittier 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 **16** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Louise Miller**
(a) Residence, No. **1813 Lucas** St. **21**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX F	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1 , 19 37	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----					22. I HEREBY CERTIFY, That I attended deceased from July 20 , 19 37 to Sept. 1 , 19 37 I last saw her alive on Sept. 1 , 19 37 Death is said to have occurred on the date stated above, at 5:30 m. p.m. The principal cause of death and related causes of importance were as follows:	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1921					Date of onset 7/20/37	
7. AGE YEARS 16	MONTHS 3	DAYS 15	If LESS than 1 day, hrs. or min.		Pulmonary tuberculosis 73 Other contributory causes of importance:	
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) St. Louis (STATE OR COUNTRY) Missouri						
FATHER	13. NAME Charley Miller				Name of operation Date of	
	14. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)				What test confirmed diagnosis? clinical Was there an autopsy? no	
MOTHER	15. MAIDEN NAME Emma Parran				23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19	
	16. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)				Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier					Manner of injury Nature of injury	
18. BURIAL, CREMATION, OR REMOVAL Washington Park PLACE DATE 9-4- 19 37					24. Was disease or injury in any way related to occupation of deceased? If so, specify A. L. Lewis M. D. (Signed) J. Bredeck (Address) 2601 N Whittier	
19. FUNERAL DIRECTOR Ellis Funeral Home (ADDRESS) 2820 Woodward St						
20. FILED SEP 3 1937						

STATEMENT BY LICENSED EMBALMER

I, Louise Boykin

Licensed Embalmer No. 2946

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

me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Louise Boykin

Licensed Embalmer No. 2946

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.)