

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.

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

Do not use this space.

32439

1. PLACE OF DEATH

County
Township
City *St. Louis*

Registration District No.

Primary Registration District No.

File No.

Registered No. *8493*

St. Ward)

2. FULL NAME

(a) Residence, No. *5241*, *Sutherland* St., *14* Ward.

(If nonresident, give city or town and State)

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) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Late Charles N. Miller*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 26, 1860*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*

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

12. BIRTHPLACE (CITY OR TOWN) *St. Louis Mo.* (STATE OR COUNTRY)

13. NAME *Fredricka Mary*

14. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)

15. MAIDEN NAME *Caroline Case*

16. BIRTHPLACE (CITY OR TOWN) *Germany* (STATE OR COUNTRY)

17. INFORMANT *Nerathy Eulberg* (ADDRESS) *5241 Sutherland Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peter's Cem.* DATE *9-11-37*

19. UNDERTAKER *Thieschman Mortuaries* (ADDRESS) *4218 S. Kingshighway*

20. FILE *SEP 9 1937* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-8-37*, 19*37*

22. I HEREBY CERTIFY, That I attended deceased from *7-10-36*, 19*36*, to *9-8-37*, 19*37*.

I last saw her alive on *9-8-37*, 19*37*. Death is said

to have occurred on the date stated above, at *3:40* p.m.

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

Chronic myocarditis
Coronary atherosclerosis
(left side paralytic)

Date of onset *2 years*
since *2-28-37*

Other contributory causes of importance:

Name of operation *none* Date of

What test confirmed diagnosis? 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

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) *O. C. Oelker*, M. D.

(Address) *4523 S. Kingshighway*

2.

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