

REC'D MAY 10 1938

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

12474
Do not use this space.
3078

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **3471** **Montana** 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.

2. PRINT FULL NAME **Mrs. Louisa Miller, 460**

(a) Residence, No. **3471 Montana Street** St. **15** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Philip L. Miller		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 26, 1883		
7. AGE YEARS 54	MONTHS 5	DAYS 4
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Household		
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) Rohrbach, Germany		
13. NAME Michael Hoffmann		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Elizabeth Bossert		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT Mr. Philip L. Miller (ADDRESS) 3471 Montana		
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem. DATE April 2, 1938		
19. FUNERAL DIRECTOR Beiderwieden F. Home, Inc. (ADDRESS) 1936 St. Louis Avenue		
20. FILED APR 1 1938 J. Bredeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 30, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **March 24th 1938 to March 30th 1938**
I last saw him alive on **Mar 30th 1938**. Death is said to have occurred on the date stated above, at **9:30 A.M.**
The principal cause of death and related causes of importance were as follows:
**Myocardial failure
chr Myocarditis**

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis? **Clinical** 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? **No**
If so, specify
(Signed) **Arnold S. Stern**, M. D.
(Address) **2632 Springbury**

Date of onset **March 24th 1938**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

V. S. 10-2-37

FORM-7-28-37

I X12004

Dr. A. G. Mason

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STATEMENT BY LICENSED EMBALMER

I, Gustaf, Licensed Embalmer No. 3737

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

No. or by L. F. Loren Percy, Registered Apprentice No. 141
working under my personal supervision.

Signed Gustaf
Licensed Embalmer No. 3737

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.)