

REC'D MAY 10 1938

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

12974

Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City St Louis (d) Street No. 4612 Shirley Pl. Registered No. 3578  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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

Caroline C. Miller 460  
 (a) Residence, No. 4612 Shirley Pl. St. 7 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Bernard Miller</u> (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 6-1885</u>				
7. AGE	YEARS <u>52</u>	MONTHS <u>7</u>	DAYS <u>9</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	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. <u>House work</u>			
	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) <u>St Louis</u>				
FATHER	13. NAME <u>Carl. Ruff</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ger.</u>			
MOTHER	15. MAIDEN NAME <u>Barbara Oheim</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis</u>			
17. INFORMANT <u>Ben. Miller</u> (ADDRESS) <u>4612 Shirley Pl.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Paul</u> DATE <u>April 18, 1938</u>				
19. FUNERAL DIRECTOR <u>Bronschwig Ind. Co</u> (ADDRESS) <u>4746 W. Florissant Av.</u>				
20. FILED <u>J. F. Bredsch</u> 1938 (Each Registrar)				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 15</u> , 19 <u>38</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Sept. 5<sup>th</sup></u> 19 <u>38</u> to <u>April 15</u> , 19 <u>38</u> I last saw <u>her</u> alive on <u>April 15<sup>th</sup></u> , 19 <u>38</u> Death is said to have occurred on the date stated above, at <u>1:45 p.</u> m. The principal cause of death and related causes of importance were as follows: <u>Central Neurophage</u> Date of onset <u>4/15/38</u> <u>Hypertension</u>	
Other contributory causes of importance: <u>88</u>	
Name of operation	Date of
What test confirmed diagnosis <u>hyp. disease</u>	Was there an autopsy? <u>NO</u>
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? <u>NO</u> If so, specify <u>David P. Plaven</u> M. D. (Signed) <u>David P. Plaven</u> (Address) <u>401 Humboldt Bldg.</u>	

APR 17 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.

I X12004

30M-7-31-37

Missouri  
5392  
1-1-1990

STATEMENT BY LICENSED EMBALMER

I, Guy W Wilkinson, Licensed Embalmer No. 3575

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

**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.)**