7 1938 REC'D SEP 9 1938

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

30072
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 3 1 Registration District No. 784
(b) Township Carondelet Primary Registration District No. 200 Registered No. 1328
(c) City (d) Street 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.

2. PRINT FULL NAME Sister Mary Serverin Miller
(a) Residence, No. Ringer Road, Lemay, Mo. St. 460
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 10, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	9	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Teacher
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
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) Ste. Marie, Illinois 1

FATHER
13. NAME Mathias Miller 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace, Germany 6

MOTHER
15. MAIDEN NAME Mary Ann Schnepp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baden, Germany

17. INFORMANT (ADDRESS) Nazareth Convent, Lemay, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Nazareth Cem. DATE Aug. 8, 1938

19. FUNERAL DIRECTOR (ADDRESS) C. Hoffmeister U. & L. Co. 7814 South Broadway

20. FILED AUG 7 1938 J. R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1937, to Aug 6, 1938
I last saw her alive on Aug 1, 1938. Death is said to have occurred on the date stated above, at 2:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the liver	2

Other contributory causes of importance: 460

Name of operation Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) Wm. Costello Jr., M. D.
(Address) Lemay Mo. 707

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)