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

791

37443

Do not use this space.

DEC 12

1. PLACE OF DEATH

(a) County ..... (b) Township ..... (c) City ST. LOUIS

Registration District No. 1003

Primary Registration District No. .....

Registered No. 9770

(d) Street No. 4511 A. LACLEDE AVE. 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.

460

2. PRINT FULL NAME JOSEPHINE HERRMANN MILLER

(a) Residence, No. 4511 a Laclede St. 19

(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: FEMALE

4. COLOR OR RACE: WHITE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOW

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 7, 1849

7. AGE: Years 89 | Months 10 | Days 4 | If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME

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) ST. LOUIS MO.

FATHER

13. NAME JOSEPH HERMANN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

MOTHER

15. MAIDEN NAME CATHERINE AMELIA FRANZ

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT MISS. CORA R. MILLER
(ADDRESS) 4511 A. LACLEDE AVE.?

18. BURIAL, CREMATION, OR REMOVAL
PLACE C ALVARY CEMT. DATE 11-12-38

19. FUNERAL DIRECTOR (NAME) ARTHUR J. DONNELLY
(ADDRESS) 3840 LINDELL BLVD.

20. FILED NOV 11 1938 J. T. Bredeck
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July, 1938, to Nov 11, 1938

I last saw her alive on Nov 8, 1938. Death is said to have occurred on the date stated above, at 3,30 A.M.

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

| | Date of onset |
|---|---|
| Coronary Sclerosis | |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|---|---|
| General Arteriosclerosis | |
| | |
| | |

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) W H Omstead, M. D.

(Address) 3720 Washington St Louis Mo

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.

Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Stanley Marchlewski

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell B

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

**If this body is not embalmed, above space should be left blank.**