

DEC 12 1938

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

37731  
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No. 791  
(b) Township..... 1 Primary Registration District No. 1003 Registered No. 10058  
(c) City. St. Louis (d) Street No. 4917 Margaretta 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

Miss Alma Miller  
(a) Residence, No. 4917 Margaretta 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					MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single			21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1938	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					22. I HEREBY CERTIFY, That I attended deceased from 10-17, 1937 to 11-20-38, 1938. I last saw her alive on 11-20-38. Death is said to have occurred on the date stated above, at 10 A.M.	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1865					The principal cause of death and related causes of importance were as follows: <i>Chr. Myocarditis</i> <i>Atrial fibrillation</i> <i>Hypertension</i> <i>Chr. Coronaries (atrophic)</i> <i>Chr. Nephritis</i> <i>Emphysema sup. rt. lower jaw hemorrhage from jaw caused by impacted teeth</i>	
7. AGE	YEARS 73	MONTHS 3	DAYS 25	If LESS than 1 day, hrs. or min.	Date of onset	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home				Other contributory causes of importance: <i>Emphysema sup. rt. lower jaw hemorrhage from jaw caused by impacted teeth</i>	
	9. Industry or business in which work was done, as saw mill, bank, etc.					
FATHER	10. Date deceased last worked at this occupation (month and year)				Name of operation <i>None</i> Date of	
	11. Total time (years) spent in this occupation				What test confirmed diagnosis <i>Phys exam</i> Was there an autopsy? <i>yes</i>	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois				23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? <i>no</i> Date of injury, 19	
	13. NAME Ernest Miller				Where did injury occur? <i>no</i> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany				Manner of injury <i>X</i>	
	15. MAIDEN NAME Pauline Thomas				Nature of injury	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois				24. Was disease or injury in any way related to occupation of deceased? <i>no</i>	
	17. INFORMANT Pauline Schwartzel (ADDRESS) 4917 Margaretta				If so, specify <i>J. A. Lauscha</i> M. D. (Signed) (Address) <i>4885 Natural Bridge</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE Nov. 22, 38						
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann Danal 1905 Union Blvd.						
20. FILED NOV 21 1938 J. T. Bedeck Local Registrar.						

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4885 West Burge  
2-4 p.m.

**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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address \_\_\_\_\_

**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.)**

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