

EC -2 1938

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

40374
Do not use this space.

REC'D DEC 8 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township _____ Primary Registration District No. 111
(c) City Richmond Heights (d) Street No. St. Marys Hospital Registered No. 1970
(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

Louise Miller
(a) Residence, No. 4122 Delmar Blvd. St.
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1890

7. AGE YEARS 48 MONTHS 7 DAYS 0 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) Missouri.

FATHER 13. NAME George Pfaf.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

MOTHER 15. MAIDEN NAME Rose Frank.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alsace Lorraine

17. INFORMANT (ADDRESS) Leo W. Miller.
4122 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE OAK GROVE DATE Dec. 3, 1938.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly.
3840 Lindell Blvd.

20. FILED DEC 2 - 1938 T. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 27, 1938, to Nov. 30, 1938, 1938
I last saw him alive on Nov. 30, 1938. Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:

diabetes mellitus

Date of onset 2

Other contributory causes of importance:

hypertension in final stage (gas embolus)

Nov 28

Name of operation apharyngotomy Date of 11/30/38
What test confirmed diagnosis? _____ Was there an autopsy? no

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) Oriskany H. Oeltgen, M. D.
(Address) 348 Olive St.

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 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 St

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.