

REC'D FEB 10 1939

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

30
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** Registered No. **30**
(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 **Kate Miller**

(a) Residence, No. **5800 Arsenal St.** St. **13**
(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) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 10, 1849**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
89 **5** **21**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **No Occupation.**
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) **Czecho-Slovakia.**

FATHER 13. NAME **Joseph Modak**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czecho-Slovakia.**

MOTHER 15. MAIDEN NAME **Mary Dollar**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Czecho-Slovakia**

17. INFORMANT (ADDRESS) **E. Molony, 5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Center** DATE **Jan 3, 1939**

19. FUNERAL DIRECTOR (ADDRESS) **Wm. G. Arnold 1926 Allen**

20. FILED **JAN 8 1939** **J. D. Berdick** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 31, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **September 24, 1937**, to **December 31, 1938**

I last saw her **er** alive on **December 31, 1938**. Death is said to have occurred on the date stated above, at **12:25 P.M.**

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

Bronchopneumonia

Other contributory causes of importance:

Name of operation **None** Date of
What test confirmed diagnosis? **Aut. & P.E.** 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) **George M. Pike** M. D.
(Address) **5700 Arsenal St. St. Louis**

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

Benj. C. Duncan

(Licensed Embalmer No. *9272*

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.)