

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH4501
Do not use this space.

1194

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City, St. Louis Missouri (d) Street No. 4444a Lexington 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.

2. PRINT FULL NAME

450 Clara Miller
 (a) Residence, No. 4444a Lexington Ave. St. 10 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 <u>Walter, Louis Miller</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 18, 1890</u>				
7. AGE	YEARS 48	MONTHS 3	DAYS 17	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife			
	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) <u>Unknown</u> <u>Ill.</u>				
FATHER	13. NAME Edward Rhine			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cairo Ill.			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown			
17. INFORMANT Dr. A. F. Mullin (ADDRESS) Mound City Ill.				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Indianpoint Ill.</u> DATE <u>Feb. 7, 1939</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc. 4700 Washington Blvd.				
20. FILED FEB 6 1939 <u>J. D. Bredson</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	Feb. 5, 1939
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb. 5, 1939</u> to <u>Feb. 5, 1939</u> I last saw her alive on <u>Feb. 5, 1939</u> Death is said to have occurred on the date stated above, at <u>430 P</u> The principal cause of death and related causes of importance were as follows: <u>Chronic nephritis</u> <u>Chronic myocarditis</u>	
Other contributory causes of importance:	Date of onset
Name of operation <u>no</u> Date of	
What test confirmed diagnosis? <u>clinical</u> Was there an autopsy? <u>no</u>	
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? <u>no</u> If so, specify (Signed) <u>H. H. Feller</u> , M. D. (Address) <u>3611 St. Louis Ave.</u>	

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 Guy W. Wilkerson

Licensed Embalmer No. 3575

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.