

REC'D MAR 13 1939

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

5087

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **1780**
 (c) City **St. Louis, Missouri** (d) Street No. **1425 South 7th** 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

460 Louise Miller
 (a) Residence, No. **1425 South 7th** St. **23** (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, **married**
(in the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **January 7th 1886**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 1 16

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

9. Industry or business in which work was done, as saw mill, bank, etc. **hwk**

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, Missouri**

FATHER 13. NAME **John Fritz**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

MOTHER 15. MAIDEN NAME **Amanda unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT (ADDRESS) **Hosp. Inf. M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **2/25/39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wacker- Helderle 2331 South Broadway**

20. FILED **FEB 24 1939** **J. B. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/23/39**

22. I HEREBY CERTIFY, That I attended deceased from ~~2/20/39~~ to ~~2/23/39~~

I last saw him/her alive on **2/20/39**, 19... Death is said to have occurred on the date stated above, at **4:00** a.m.

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

Primary Sclerosis Date of onset

Other contributory causes of importance:

Chronic Nephritis

Name of operation Date of **2/23/39**

What test confirmed diagnosis? Was there an autopsy? **Yes**

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) **J. B. Budick**

(Address) **C. I. Deputy Registrar**

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,

Frank J. O'Byrne Sr.

or by

Registered Apprentice No., working under my personal supervision.

Signed

Frank J. O'Byrne Sr.

Licensed Embalmer No.

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.