R 21 1939 REC'D MAR 23 1939

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

7754
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis 2 Registration District No. 784
(b) Township St Ferdinand Primary Registration District No. 104 Registered No. 517
(c) City Ferguson (d) Street No. 116 Bernhardt 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 Viola D. Miller
(a) Residence, No. 116 Bernhardt St. Ferguson Mo.
(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 F
4. COLOR OR RACE wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF Norman W. Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 - 1896
7. AGE YEARS 43 MONTHS DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. H.W.
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) Mo.

FATHER
13. NAME Fred Klausmeier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Emma ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Norman W. Miller 116 Bernhardt = Ferguson
18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Smt DATE 3-22-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Louis H Bopp Clayton - Kirkwood
20. FILED MAR 21 1939 P. R. Meyer M.D. Dep. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1939, to Mar 19 1939
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 8:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation Mar	17/39
Mitral Regurgitation Jan	2/39
Acute Indigestion Mar	18/39

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Other contributory causes of importance: Chronic Nephritis Jan 2/39

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify.....
(Signed) [signature], M. D.
(Address) 1875 Madison
1875 Madison

(Licensed Embalmer's Statement on Reverse Side)

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 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.....

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.