

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

Do not use this space.

14885

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 10153

City St. Louis (No. City Hospital)

File No.

Registered No. 3405

St. Ward)

2. FULL NAME

(a) Residence, No. 4546

(Usual place of abode)

Gilson Ward. 18

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

9A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26th 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>60</u>	<u>5</u>	<u>18</u>	

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

9. Industry or business in which work was done, as silk mill, 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) Saginaw Michigan

13. NAME Fred Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) on Atlantic ocean

15. MAIDEN NAME Mary Brandy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

17. INFORMANT (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Milwaukee Wis. DATE 4-16-33

19. UNDERTAKER (ADDRESS) J. N. O'Boyle Milwaukee Wis.

20. FILED Apr 14 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7th 1933 to April 13th 1933

I last saw h. alive on April 13, 1933 Death is said

to have occurred on the date stated above, at 7:00 a.m.

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

Date of onset

Lobar Pneumonia
108

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Chin. & X-ray 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) J. Molman M. D.

(Address) City Hospital

AINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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