

JAN 10 1938

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

43013  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. St. Anthony's Hospital St. 11263  
(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 Mary Miller

(a) Residence, No. 5026 Alabama St. 15 (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 Thos. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20, 1878

7. AGE YEARS MONTHS DAYS H LESS than 1 day, .....hrs. or .....min.  
59 | 8 | 15 |

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as saw mill, bank, etc. Work at home  
10. Data 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, Mo.

FATHER 13. NAME Peter Hayden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary (Unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Thos. Miller  
5026 Alabama

18. BURIAL, CREMATION, OR REMOVAL. PLACE Catholic Cem. DATE 12-8 1937

19. FUNERAL DIRECTOR (ADDRESS) Southern Funeral Home  
6322 S. Grand

20. FILED J. H. Brideck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5-1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22, 1937, to Dec. 5, 1937.  
I last saw her alive on Dec. 5, 1937. 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:

Acute Dilatation of the Heart  
Other contributory causes of importance:  
Shock. Fracture of the neck of the Femur of the Left Leg. Acute Myocarditis.

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide accident Date of injury 11/22/1937  
Where did injury occur? 5026 Alabama Ave. City  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. In home.

Manner of injury Fell in basement of home.  
Nature of injury Fracture of Femur, Left Leg

24. Was disease or injury in any way related to occupation of deceased? NO  
(Signed) A. W. Peters, M. D.  
(Address) 4145 S. Grand Blvd.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-26-37 I X12004

DEC 7 1937

STATEMENT BY LICENSED EMBALMER

I, Frank Ludwig, Licensed Embalmer No. 2504

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. Frank Ludwig

No. 2504 or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank Ludwig

Licensed Embalmer No. 2504

**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.)**