

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

24107
Do not use this space.

1. PLACE OF DEATH **BEAUG 12 1938** Registration District No. **791**
 (a) Township **St LOUIS** Primary Registration District No. **1009** Registered No. **6801**
 (c) City **St LOUIS** (d) Street No. **5800 Hall Str** (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. mod. ds.

2. PRINT FULL NAME **Elisabeth Miller**
 (a) Residence, No. **5800 Hall Str** St. **9** (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**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 2 D, 1863**

7. AGE YEARS **75** MONTHS **5** DAYS **26** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House Work**

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) **Germany**

FATHER 13. NAME **John Boemer**

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

MOTHER 15. MAIDEN NAME **Not Known**

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

17. INFORMANT (ADDRESS) **John Miller 5800 Hall Str**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **AUGUST 13, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Edward Koch 3516 N 14th St**

20. FILED **JUL 30 1938** **J. F. Brudeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 28th 1938**

22. I HEREBY CERTIFY That I attended deceased from **July 2nd 1938** to **July 26th 1938**
 I last saw him alive on **July 26th 1938** Death is said to have occurred on the date stated above, at **10:30 p.m.**
 The principal cause of death and related causes of importance were as follows:
Myocarditis Chronic
 Date of onset **Don't know**

Other contributory causes of importance:

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
 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 **Wm. T. Stager** M. D.
 (Signed) **Wm. T. Stager**
 (Address) **819 Angelica**

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.

