

APR 10 1939 ¹⁹³⁹ MAY 11 1939 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16110
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Normandy Primary Registration District No. 700
 (c) City Overland (d) Street No. 2410 Longfellow Registered No. 643
 (e) Length of residence in city or town where death occurred 35 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harriett Millam

(a) Residence, No. 2410 Longfellow St. (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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Millam
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 1854
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 7 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) Jan 1939 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Rose Iowa

FATHER 13. NAME ? Mounts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER 15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Ann R. Ward 2400 Longfellow Overland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Bethlahem Cem DATE April 10 1939

19. FUNERAL DIRECTOR Ortmann Funeral Home (ADDRESS) 9222 Lackland Overland Mo

20. FILED APR 10 1939 J. R. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1939, to April 7, 1939.
 I last saw h. R.P. alive on April 7, 1939. Death is said to have occurred on the date stated above, at 11:21 P. m.
 The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia Date of onset

Other contributory causes of importance:
Chr. Myocarditis (arteriosclerosis),
 Louerston + cutaneous to scalp

Name of operation Suture of laceration Date of Jan 17, 1939
 What test confirmed diagnosis? Culture 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) Maurice A. Decker M. D.
 (Address) 9924 S. 4th St. Overland

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.

930

MAKER dated 06 21 1912

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed *Al C Ostmann*

Licensed Embalmer No. 3478

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Overland Primary Registration District No. 200
(c) City Overland (d) Street No. _____ 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.

Registered No. 643-

2. PRINT FULL NAME

Harriett Millam
(a) Residence, No. 2416 Longfellow - St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 7 1939

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the _____ stated above, at _____ m.

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

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

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Broncho pneumonia
Ch. Myocarditis
Arteriosclerosis
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:
Accerations. Contusions to scalp

FATHER 13. NAME

Name of operation Autopsy 1-24-39

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

What test confirmed diagnosis? Chemical. Was there an autopsy? No

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? Accident Date of injury Jan 29, 1939

17. INFORMANT (ADDRESS)

Where did injury occur? 9007 Ind. Overland, Mo. (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

Specify whether injury occurred in Industry, in home, or in public place. No

19. FUNERAL DIRECTOR (ADDRESS)

Manner of injury Fell down steps

20. FILED 19

Nature of injury Laceration & contusion of scalp

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Marcelle P. Duhe

(Signed) _____

(Address) 9424 St. Char. N.M.

Local Registrar.

SUPPLEMENTARY

Every item of information should be carefully supplied. AGE should be stated BY CATEGORY. RELIGION should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state of MARRIAGE very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

