

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

Do not use this space.

10549

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Koch (No.)

Registration District No. 1123
Primary Registration District No. 6248 B
Koch Koch

File No.
Registered No. 101
St. Ward)

2. FULL NAME Fred W Miller

(a) Residence. No. 2632 Russell Ave. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred X yrs. 8 mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25, 1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>28</u>	<u>8</u>	<u>5</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mail Handler
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Fred H Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jennie Munford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT R. Koch Hospital Records
(Address) Koch Missouri

15. FILED Mch. 31, 1928 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1928

17. I HEREBY CERTIFY That I attended deceased from July 9th to March 27, 1928, and that I last saw him alive on March 30, 1928, at 12:45 P. M. and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) Gastro intestinal trouble
About (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Unknown
IF NOT AT PLACE OF DEATH,

19. DID AN OPERATION PRECEDE DEATH? No DATE OF

20. WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum
(Signed) A. J. Jarrett, M. D.
3/30/28 (Address) Koch Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Emilia, Ill. DATE OF BURIAL 4/2 1928

20. UNDERTAKER M. H. Marshall ADDRESS 4439 Washita

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.

1928

