

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

Do not use this space.

31944

1. PLACE OF DEATH

County..... Registration District No. 70 File No.....
 Township..... Primary Registration District No. St. Louis 24th Registered No. 9203
 City St. Louis (No. 5600 Arsenal) St. 24th Ward)

2. FULL NAME

Raymond J. Miller
 (a) Residence. No. 4226 Shaw ave. St. 17 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 32 yrs. 2 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>not known</u> <u>Chittie Miller</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 27 1895</u>		
7. AGE	YEARS <u>33</u>	MONTHS <u>2</u>
	DAY <u>18</u>	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Steamfitter</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN)

mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER

H. J. Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Baltimore Maryland
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Fannie Woodrucker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Jaysville, Indiana
 (STATE OR COUNTRY)

14. INFORMANT

Mrs. R. Miller
 (Address) 4226 1/2 Shaw Ave.

15. FILED

May 15 1928
May C. Stark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/14 1928

17. I HEREBY CERTIFY That I attended deceased from 9/13 1928, to 9/14 1928, and that I last saw him/her alive on 9/14 1928, and that death occurred, on the date stated above, at 12 15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Injuries of face from traumatic myocarditis, acute. Cause unknown
 (duration) yrs. mos. ds. 6

CONTRIBUTORY (SECONDARY)

210 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: 4226 1/2 Shaw Ave.

19. DID AN OPERATION PRECEDE DEATH?

No DATE OF

20. WHAT TEST CONFIRMED DIAGNOSIS?

Autopsy
 (Signed) Chas. H. Kohn M. D.
9/14 1928 (Address) SOLATION HOSPITAL

*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

St. Peters Cemetery DATE OF BURIAL Sept 17 1928

20. UNDERTAKER

A. Kiron L. & Co ADDRESS 2707 Grand

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.

