

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

Do not use this space.

8221

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003 File No.
 City St. Louis, Mo. (No. Christian Hospital) Registered No. 1870
 St. Ward)

2. FULL NAME

Peter C. Miller
 (a) Residence. No. 4161 Magnolia, St. 17 Ward.
 (Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Della Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May - 2 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 | 9 | 5 |

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Conductor
 (b) General nature of industry, business, or establishment in which employed (or employer) Burlington R.R.
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Detroit
 (STATE OR COUNTRY) Mich.

10. NAME OF FATHER Peter C. Miller

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

12. MAIDEN NAME OF MOTHER 11

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 11
 (STATE OR COUNTRY)

14. INFORMANT Della Miller
 (Address) 4161 Magnolia

15. FILED 8 1929 May C. Stankov REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb - 7 - 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 27, 1929, to Feb 6, 1929, that I last saw him alive on Feb 6, 1929, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of rectum
1160
43 (duration) 1 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Peritonitis
 (duration) yrs. mos. 5 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: 4161 Magnolia Ave

DID AN OPERATION PRECEDE DEATH: Yes DATE OF Feb 6, 1929

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) W. Johnson, M. D.
2435 N. Grand Ave
 (Address)

*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 Brookfield, Mo. DATE OF BURIAL Feb - 11 - 1929

20. UNDERTAKER Petty Bros. 3029 Laf. Ave
 ADDRESS

Every item of information should be carefully supplied. AGE known be stated EARLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

102
 2
 31
 21

1 - 3 to-day

OCT 7 1941
OCT 2 1941