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

Do not use this space.
23083

1. PLACE OF DEATH

County..... Registration District No. 721 1093 File No.....

Township..... Primary Registration District No..... Registered No. 6528

City St. Louis (No. 5991, Romaine Pl. St. ..... Ward)

2. FULL NAME Henry W. Miller

(a) Residence. No. 5991 Romaine Pl. St., 6 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~
HUSBAND OF (OR) ~~WIFE~~ OF Susie W. Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	71	0	19	

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

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

PARENTS

10. NAME OF FATHER Adam Miller

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

12. MAIDEN NAME OF MOTHER Anna Morris

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

14. INFORMANT Mrs Susie W. Miller
(Address) 5991 Romaine Pl

15. FILED JUN 18 1929, 19.. Ray C. Harley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1929

17. I HEREBY CERTIFY, That I attended deceased from March 6th, 1929, to June 16th, 1929, that I last saw him alive on June 16, 1929, and that death occurred, on the date stated above, at 7.25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver
Hepatitis
Ascites
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hemorrhage
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Vincent Lindsay Smith, M. D.
6/17, 1929 (Address) 912-N-17th St.

*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 Hiram Cemetery — DATE OF BURIAL 6-19 1929

20. UNDERTAKER Geo. L. Pleitsch — ADDRESS 5966 Easton Ave

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.

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[illegible]

[illegible]

[illegible]

[illegible]