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

Do not use this space.

1. PLACE OF DEATH

County St Louis — Registration District No. 784 — File No. 6196

Township Central — Primary Registration District No. 6030 — Registered No.

City St Louis (No. 3718 Jennings Rd St. ..... Ward)

2. FULL NAME Carl R Miller

(a) Residence. No. 5741 Elward St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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 Vernie Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-5-1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	29	0	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Railroad Clerk 11A 108
(b) General nature of industry, business, or establishment in which employed (or employer) 95B
(c) Name of employer Wabash RR Co

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

PARENTS

10. NAME OF FATHER Fred Miller
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Frances Hertwick
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

14. INFORMANT Vernie Miller
(Address) 5741 Elward Sw.

15. FILED ~~Feb 5th~~ 2-10-30 1931 O. N. Schudde M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) February 3 1930

17. I HEREBY CERTIFY, That I attended deceased from January 27, 1930, to February 3, 1930 that I last saw him alive on February 3, 1930, and that death occurred, on the date stated above, at 11 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fibrinous Pneumonia
2 lower lobes Right lung
La Grippe type
(duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) Acute Cardiac dilitation
Right side SS hour.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Luke B. Tiernon, M.D.
2/4, 1930 (Address) 3718 Jennings Rd

*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 Valhalla Cem. — DATE OF BURIAL 2/6 1930

20. UNDERTAKER W. A. Stock Und Co — ADDRESS 2117 E. 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.

9 1930

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