

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Townshp..... Primary Registration District No. **1003**  
 City **St. Louis** File No. **28575**  
 St. **839 E. Prairie Ave** Registered No. **8480**  
 Ward

**2. FULL NAME**

(a) Usual Name. No. **839 E. Prairie Ave** St., **Ward**.  
 (Residence 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widower**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Olgie A. Miller (Wife)**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Sept 5, 1848**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**81 11 21**

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Retired Coal Passer**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Baden Station City of St. Louis**  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pennsylvania**

10. NAME OF FATHER **Albert Miller**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

12. MAIDEN NAME OF MOTHER **Matilda Rice**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

14. INFORMANT (Address) **George W. Miller 839 E. Prairie Ave**

15. FILED **AUG 27 1930** REGISTRAR **Wm. C. Stauder**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 26 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 20**, 19**26**, to **Aug 26**, 19**30**.  
 That I last saw him alive on **Aug 25**, 19**30** and that death occurred, on the date stated above, at **7:20 A. M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Chronic myocarditis**  
**93C**  
**97**  
 (duration) **4** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Arteriosclerosis**  
 (duration) **?** yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....  
 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) **Seth P. Smith**, M. D.

**Aug 26, 1930.** (Address) **4500 Clarence**

\*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 DATE OF BURIAL  
**Bellefontaine Aug 29 1930**

20. UNDERTAKER ADDRESS  
**Math Hermany & Son 21 E. Fair Cor**

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.

