WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

40944

File No. 11601

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. 5475 Vernon St. Ward)

Registration District No. 1791

Primary Registration District No. 1003

2. FULL NAME Edward Harold Miller

(a) Residence. No. 5475 Vernon ave. St. 5 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 Gertrude E. Miller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 24-1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
58	5	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work accountant

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Neponset
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER James Miller

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

12. MAIDEN NAME OF MOTHER Mahnoon Leggit

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

14. INFORMANT Mrs Gertrude E Miller
(Address) 5475 Vernon

15. FILED [illegible] 19 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1930, to Dec 10, 1930 that I last saw him alive on Dec 8, 1930, and that death occurred, on the date stated above, at 5 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis 93c

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 906

(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) R L Hild, M. D.

Dec 10, 1930 (Address) 5700 Maple

*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 Oak Grove

DATE OF BURIAL Dec 12 1930

20. UNDERTAKER C R Lupton

ADDRESS 4449 Olive St