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.

41606

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1603

City St Louis (No. St Anthony's Hosp St. ..... Ward)

File No. ..... Registered No. 14

2. FULL NAME Herbert W. Miller

(a) Residence. No. 7334 Lansdowne St., 16 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 Mildred

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12, 1903

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
27	8	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Service Manager

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

(c) Name of employer United Motor Serv.

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

PARENTS

10. NAME OF FATHER Wm L. Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Eliza Binder

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

14. INFORMANT Mrs Mildred Miller

(Address) 7334 Lansdowne

15. FILED ..... -2 ..... 19 ..... Mary E. Hartley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 29, 1930, to Dec 30, 1930 that I last saw h. — alive on Dec 30, 1930, and that death occurred, on the date stated above, at 12:22 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diabetes mellitus

(coma)

(duration) about 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(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? uroalysis, Blood sugar

(Signed) Henry Rosenfeld, M. D.

..... 19 ..... (Address) 508 N. Grand

*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
St Louis North	Jan 2 19 31

20. UNDERTAKER	ADDRESS
R. Krow & Co	2707 N Grand