

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

Do not use this space.

6754

1. PLACE OF DEATH

County St. Charles Registration District No. 757
 Township Primary Registration District No. 3036
 City St. Charles (No. 601 Indenwood) St. 19 Ward)

2. FULL NAME

William Frederick Miller
 (a) Residence, No. 601 Indenwood St., 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Meyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 - 1850

7. AGE YEARS 80 MONTHS 9 DAYS 2 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe maker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 81
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER FATHER 13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT James Reedham (ADDRESS) 601 Indenwood Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholics bur. DATE July 6th 1931

19. UNDERTAKER W. D. Allmeyer & Sons (ADDRESS) 800 N. 2nd St. St. Charles Mo

20. FILED 2/6 1931 J. Blochman Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1930 to July 3 1931

I last saw him alive on Feb 3 1931. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Cerebral Apoplexy
131
8214

Date of onset
1925
1931

Other contributory causes of importance:
131

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury 1

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify

(Signed) J. J. Reedham M. D.
 (Address) St. Charles Mo

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.

FEB 1 1937

