

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

Do not use this space.

2438

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 5433²) Union Blvd St. Ward)

File No.
Registered No. 103
St. Ward)

2. FULL NAME

(a) Residence, No. 5433² Union Blvd St. 7 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Estelle Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 15, 1873</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>10</u>	DAYS <u>7</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>St. L. State Wash</u>	
	10. Date deceased last worked at this occupation (month and year) <u>March 1, 1930</u>	
11. Total time (years) spent in this occupation <u>37</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
MOTHER / FATHER	13. NAME <u>Wm Miller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 10</u>	
	15. MAIDEN NAME <u>Anna Justus</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT (ADDRESS) <u>Estelle Miller</u> <u>5433² Union Blvd</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cem.</u> DATE <u>Jan 5</u> , 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Frehmann & Sons</u> <u>1205 Union Blvd</u>		
20. FILED <u>JAN - 4 1932</u> <u>Max E. Starnes</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1932

22. I HEREBY CERTIFY, That I, attended deceased from Dec 31st, 1931, to Jan 2, 1932
I last saw him alive on Jan 2, 1932 Death is said to have occurred on the date stated above, at 12:15 P.M.
The principal cause of death and related causes of importance were as follows:
Apoplexy
arterio-sclerotic degeneration
Diabetes mellitus
Date of onset 12/21/31

Other contributory causes of importance:
Dont know

Name of operation Date of
What test confirmed diagnosis? Clinical 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 D

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify R. R. Mearns, M. D.
(Signed) R. R. Mearns, M. D.
(Address) 5-330 Geraldine Dr

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.

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