

**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
 Township..... Primary Registration District No. 22133
 City St. Louis Mo (No. St. Louis Hospital)

10758
 File No. 2831
 Registered No. 2831
 St. _____ Ward _____

2. FULL NAME

Frank J. Miller
 (a) Residence, No. 6323 So. Rosebury St. 6 Ward. St. Louis Co. Mo
 (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>M.</u>	4. COLOR OR RACE <u>W.</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>Husband of Ada Miller</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 23 1884</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>47</u>	<u>7</u>	<u>0</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laundryman</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>172</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>110</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>J. N. Miller</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>			
MOTHER	15. MAIDEN NAME <u>Clara Hay</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>			
17. INFORMANT <u>Ada Miller</u> (ADDRESS) <u>6323 So. Rosebury St. Louis Co.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rivers City</u> DATE <u>3-25-1932</u>				
19. UNDERTAKER <u>Reis R. B. Barty</u> (ADDRESS) <u>131 N. Argonne</u>				
20. FILED _____ 19 _____ <u>W. H. Starnes</u> Registrar				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23rd 1932

22. I HEREBY CERTIFY, That I attended deceased from March 4th 1932 to March 23rd 1932.
 I last saw him alive on March 23rd 1932. Death is said to have occurred on the date stated above, at 5:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Suppurative pleurisy
 Date of onset _____

Other contributory causes of importance:
① Bronchopneumonia, et.

Name of operation None Date of _____
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) A. H. M. Davis _____ M. D.
 (Address) 2424 N. Grand

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.

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

