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.

18255

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. In Street car Broadway & Grand St. ..... Ward)

File No. .....

Registered No. 5235

2. FULL NAME George E. Miller

(a) Residence, No. 527 Riverview Drive St., 8 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Anna M. Miller (Weber)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 26, 1878

7. AGE: YEARS 54 | MONTHS 0 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nightwatchman 182
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: St. Louis Theater
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): St. Louis Mo.

FATHER

13. NAME: Edward Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known 31

MOTHER

15. MAIDEN NAME: Louise Twillmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Mrs. Anna M. Miller, 527 Riverview Drive

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Bethlehem DATE: June 1, 1932

19. UNDERTAKER (ADDRESS): Math. Hermann and Son, 2161 East Fair Ave.

20. FILED: MAY 31 1932, 19.. Mau C Starkloff, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932 to May 29, 1932
I last saw him alive on May 27, 1932. Death is said to have occurred on the date stated above, at 7:31 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	?
131	
9 / 31	
Other contributory causes of importance:	
Chronic Interstitial Nephritis	?

Name of operation: none 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 ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) H. F. Miller, M. D.
(Address) 8410 N. Broadway