

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

Do not use this space.

24303

File No. \_\_\_\_\_  
Registered No. **6421**  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis No. St. Anthony Hosp

**2. FULL NAME**

(a) Residence No. 7408 Louisiana St. 15 Ward. (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>Mary Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 20<sup>th</sup> 1879</u>		
7. AGE	YEARS	MONTHS
	<u>53</u>	<u>4</u>
		DAYS
		<u>18</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>Shipping Clerk</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gen. Electric Co</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>314</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 1

MOTHER FATHER 13. NAME Reinhardt Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo. 8

MOTHER 15. MAIDEN NAME Mary Mrazek

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

17. INFORMANT Minnie Miller  
(ADDRESS) 64408 Louisiana

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Heavenly DATE July 12<sup>th</sup> 1932

19. UNDERTAKER Wm. Schumacher  
(ADDRESS) 2093 Marquette  
JUL 12 1932

20. FILED 19 Max Starbuck  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8<sup>th</sup> 1932  
22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932 to July 8, 1932  
I last saw him alive on July 8, 1932 Death is said to have occurred on the date stated above, at 10:20 a.m.  
The principal cause of death and related causes of importance were as follows:

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131  
132 B 131  
Other contributory causes of importance:  
Chronic Interstitial Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_  
(Signed) A. W. Peters M. D.  
(Address) 601 Missouri Bldg

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.

No. 121  
704 Le May

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