

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

Do not use this space.

37813

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. 22
City St. Louis (No. City Hospital # 1)

File No.....
Registered No. 10517
St. Ward)

2. FULL NAME Eugene W. Miller

(a) Residence, No. 1407 So. Ewing St. 17 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 11-1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 11 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 172

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Palmyra (STATE OR COUNTRY) Missouri

13. NAME John Carter Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Jennie Newman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT John R. Miller (ADDRESS) 728 1/2 Fontaine Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra Mo. DATE Nov 29 1932

19. UNDERTAKER A. W. McLaughlin (ADDRESS) 1637 Mississippi Ave

20. FILED Nov 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 26 1932

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... I last saw him alive on 19... Death is said to have occurred on the date stated above, at 8:45 p.m.

The principal cause of death and related causes of importance were as follows:
Gunshot Wound of Head self-inflicted at Union Station on Nov. 26/32, about 7:55 P.M.

Other contributory causes of importance: Suicide

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 Suicide Date of injury 11/26, 1932
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) J. W. Ferner M.D.
1281 1/2 Dep. Corner (Address)

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.

