

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

Do not use this space.

42459

**1. PLACE OF DEATH**

City St Louis Mo (No. \_\_\_\_\_) Registration District No. 701  
Township \_\_\_\_\_ Primary Registration District No. 1003  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Isaac Miller  
(a) Residence, No. 3016 Lucas ave St. 21 Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 5 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>Colored</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>Fannie May Miller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 2, 1895</u>		
7. AGE	YEARS <u>37</u>	MONTHS <u>6</u>
	DAYS <u>22</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>Machine</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Auto 264</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>27 yrs</u>	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Annary Miss 2</u>	
	13. NAME <u>L. Miller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
	15. MAIDEN NAME <u>Blanche Wilson</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
	17. INFORMANT & <u>Fannie May Miller</u> (ADDRESS) <u>3016 Lucas ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jefferson Barr, Mo</u> , DATE <u>12/29</u> 19 <u>32</u>		
19. UNDERTAKER <u>Edith Kumpel, Home</u> (ADDRESS) <u>2928 Woodland St</u>		
20. FILED <u>DEC 27 1932</u> <u>W. C. Barker</u> Registrar.		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-24- 1932 to 12-24- 1932  
I last saw him alive on 12-24- 1932 Death is said to have occurred on the date stated above, at 9 A. m.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary Hemorrhage Date of onset 12-20  
Pulmonary Tuberculosis  
General Toxemia  
Other contributory causes of importance: \_\_\_\_\_  
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 \_\_\_\_\_ 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) R. E. Long, M. D.  
(Address) 7907 E Easton

WRITE PAINLY, 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.

