

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

Do not use this space.

3931

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 203
City St. Louis (No. 117 n. 9th St.) St. Ward)

File No.
Registered No. 891 St. Ward)

2. FULL NAME

Charles B. Miller
(a) Residence, No. 117 n. 9th St. St. 251 Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. 1 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>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb-10-1858</u> | | |
| 7. AGE YEARS <u>74</u> | MONTHS <u>11</u> | DAYS <u>13</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | | |
| 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. | | |
| 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) <u>Illinois</u> | | |
| 13. NAME <u>Henry Miller</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | | |
| 15. MAIDEN NAME <u>Louise Schermer</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> | | |
| 17. INFORMANT (ADDRESS) <u>George W. Miller 2400 Field St.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Crematory</u> DATE <u>Jan 25 1933</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Peltz Bros. 2029 Lafayette Ave</u> | | |
| 20. FILED: <u>25 1933</u> <u>Max C. Harvey</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH
No Physician attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 - 1933

22. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....
I last saw h..... alive on..... 3-30-33 Death is said to have occurred on the date stated above, at.....
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
930
BE
Other contributory causes of importance:
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?..... 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 No Injury
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) J. W. Kerner P.M.D.
(Address) Dtp. Coronar

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.

