

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

Do not use this space.

94
11018

1. PLACE OF DEATH

County St. Louis Registration District No. 1123
 Township Carrondo Primary Registration District No. 6248
 City Rich Mo. (No.) St. Ward)

2. FULL NAME

Charles William Miller
 (a) Residence, No. 302 E. Linn Blvd. St. Ward.
 (Usual place of abode) (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31 1881
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 1 16

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer
 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) Springfield Mo.

FATHER
 13. NAME Charles Miller

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

MOTHER
 15. MAIDEN NAME Emma Smith

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

17. INFORMANT (ADDRESS) Hosp. file

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Malheur DATE Mar 17 1933

19. UNDERTAKER (ADDRESS) E. J. Schurer
312 S. Lafayette

20. FILED Mar 16 33 J. Colbrook Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16-33 1933
 22. I HEREBY CERTIFY, That I attended deceased from July 1 1932, to 3-16-33, 1933
 I last saw him alive on 3-16-33, 1933. Death is said to have occurred on the date stated above, at 6 e. m.
 The principal cause of death and related causes of importance were as follows:

23. Pulmonary embolism
24. Coronary arteriosclerosis
31.
 Other contributory causes of importance: 33
The Langy's
Gustie Interhouse Jobe.

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 1933
 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) Carroll T. Leonard, M. D.

(Address) Rich Hospital

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.

APR 28 1933

MARGIN RESERVED FOR BINDING

V. S. NO. 2

