

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 23
City St. Louis (No. 3946 Castleman Ave.)

21502
File No.
Registered No. 5291
St. Ward

2. FULL NAME Henry A. Miller

(a) Residence, No. 3946 Castleman Ave. St. 17 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16th. 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>60</u>	<u>3</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wagon-maker

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) St. Louis, Mo.

13. NAME William Miller

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

15. MAIDEN NAME Elizabeth Kroth

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

17. INFORMANT Mary Miller (ADDRESS) 3946 Castleman Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE June 19th. 1933

19. UNDERTAKER J. F. Schumacher (ADDRESS) 5015 Meramec St.

20. FILED J. F. Bredbeck Registrar. 19 33

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16th. 1933

22. I HEREBY CERTIFY, That I attended deceased from December 1, 1932, to June 16th, 1933

I last saw him alive on June 16, 1933. Death is said to have occurred on the date stated above, at 8/30am

The principal cause of death and related causes of importance were as follows:

Myocarditis with Hypertrophy
2 Valvular Lesions

Other contributory causes of importance: 92A 93D 92A

8
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? No
If so, specify No. 7. Simon, M. D.
(Signed) 1115 Victoria St. Phone Vict. 0078
(Address) 1115 Victoria St. Phone Vict. 0078

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.

