

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

Do not use this space.

**21778**

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 7  
City St. Louis Mo. (No. Sanitarium) St. .... Ward)

File No. ....  
Registered No. 5581  
St. .... Ward)

**2. FULL NAME**

Anderson Miller  
(a) Residence, No. 3752 Cozans Cr. 13 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 5, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
82 9 30

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown  
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) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME "

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

17. INFORMANT Bernard T. Korn (ADDRESS) 5300 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 6-8 1913

19. UNDERTAKER Walter Richter (ADDRESS) 3500 Rutgers

20. FILED Li 1913 J. F. Brebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to June 3, 1933. I last saw him alive on June 3, 1933. Death is said to have occurred on the date stated above, at 8<sup>25</sup> p.m.

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

Chronic myocarditis  
930  
97 930  
Other contributory causes of importance: Arteriosclerosis

Date of onset 6/9/30  
4/9/30

Name of operation None Date of .....  
What test confirmed diagnosis Clinical Was there an autopsy? Yes

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? Yes  
If so, specify Bernard T. Korn, M. D.  
(Signed) 5300 Arsenal St  
(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.

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