

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

Do not use this space.

MAY 25 1934

15156

1. PLACE OF DEATH

County .....

Registration District No. **791**

File No. ....

Township .....

Primary Registration District No. **1003**

Registered No. **4374**

City St. Louis (No. ....)

Mo. Baptist Hospital St. .... Ward) .....

2. FULL NAME Frank M. Miller

(a) Residence, No. .... St. NR Ward. East St. Louis 2d.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28th 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1933, to Apr. 28, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 26th 1878

I last saw him alive on April 28, 1934 Death is said to have occurred on the date stated above, at 1:10 m.

7. AGE YEARS 56 MONTHS 2 DAYS 2 If LESS than 1 day, hrs. min.

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

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

Date of onset Nov. 3, 1933

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Realtor

Coronary Occlusion  
Myocarditis  
Arterio-sclerosis

10. Date deceased last worked at this occupation (month and year) Dec 1933 11. Total time (years) spent in this occupation 20

Other contributory causes of importance None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Ill.

Name of operation none Date of none

13. NAME Charles A. Miller

What test confirmed diagnosis? Clinical Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Ill.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury ....., 19... Where did injury occur? (Specify city or town, county, and State)

15. MAIDEN NAME Emma Schimpff

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria Ill.

Manner of injury none

17. INFORMANT Lawrence G. Miller (ADDRESS) 3223 Linden Pl. 6. St. Louis

Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE East St. Louis Ill. DATE April 28th 1934

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER H. W. Mudgett (ADDRESS) East St. Louis Ill.

If so, specify. (Signed) O. M. Mc Carr, M. D.

20. FILED APR 30 1934 19... J. Bredeck Registrar.

(Address) 428 Murphy Bldg. East St. Louis Ill

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.

