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.

100M-11-24-33

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 788 — File No. 21726
Township Carondelet — Primary Registration District No. 4471 — Registered No. 63
City Webster Groves (No. 260, West Big Bend St. Ward)

2. FULL NAME John Henry Miller
(a) Residence, No. 260 W Big Bend St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 36 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)~~ Clara E. Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11-1859

7. AGE YEARS 75 MONTHS 3 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Emp
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Commissary Pullman Co
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swanwick Illinois

FATHER
13. NAME Henry W Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Minnie Schumacher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) J. S. Miller Webster Groves Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Swanwick Ill. DATE June 25, 1934

19. UNDERTAKER (ADDRESS) Parker Mud Co Webster Groves

20. FILED 6-23-1934 Jules R. Yorn Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22nd, 1934, to June 23rd, 1934
I last saw him alive on June 23rd, 1934. Death is said to have occurred on the date stated above, at 6:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Epigastric hernia	6/21/34
123 A	
93 C	
162	

Other contributory causes of importance: Chronic (?) Myocarditis, Senilitis, Hernia of years duration

Name of operation none Date of
What test confirmed diagnosis? Clinical 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
(Signed) J. D. McCarthy M. D.
(Address) 671 E Big Bend Rd

20 [illegible]