

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

Do not use this space.

791
1003

21846

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis (No. City) Ward # St. Ward)

File No.....
 Registered No. 5581

2. FULL NAME Albert Miller
 (a) Residence, No. 1608 Franklin Ward. 25
 (Usual place of abode)
 Length of residence in city or town where death occurred 50 yrs. 10 mos. 0 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 10 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sawyer
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**
9 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Al Miller

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

15. MAIDEN NAME Margaret McLean

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

17. INFORMANT (ADDRESS) Waples M. Key

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE 4/4/34

19. UNDERTAKER (ADDRESS) Sullivan - Riley Undertaker
5007 Washington Ave

20. FILED 1934 - 1 1934
for St. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/21, 1934 to 6/4/34, 1934

I last saw him alive on 6/4/34, 1934. Death is said to have occurred on the date stated above, at 2:30 m.

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

Delirium Tremens
Chronic Alcoholism
Cardiac Failure

Name of operation..... Date of.....

What test confirmed diagnosis? clin Was there an autopsy? No

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.

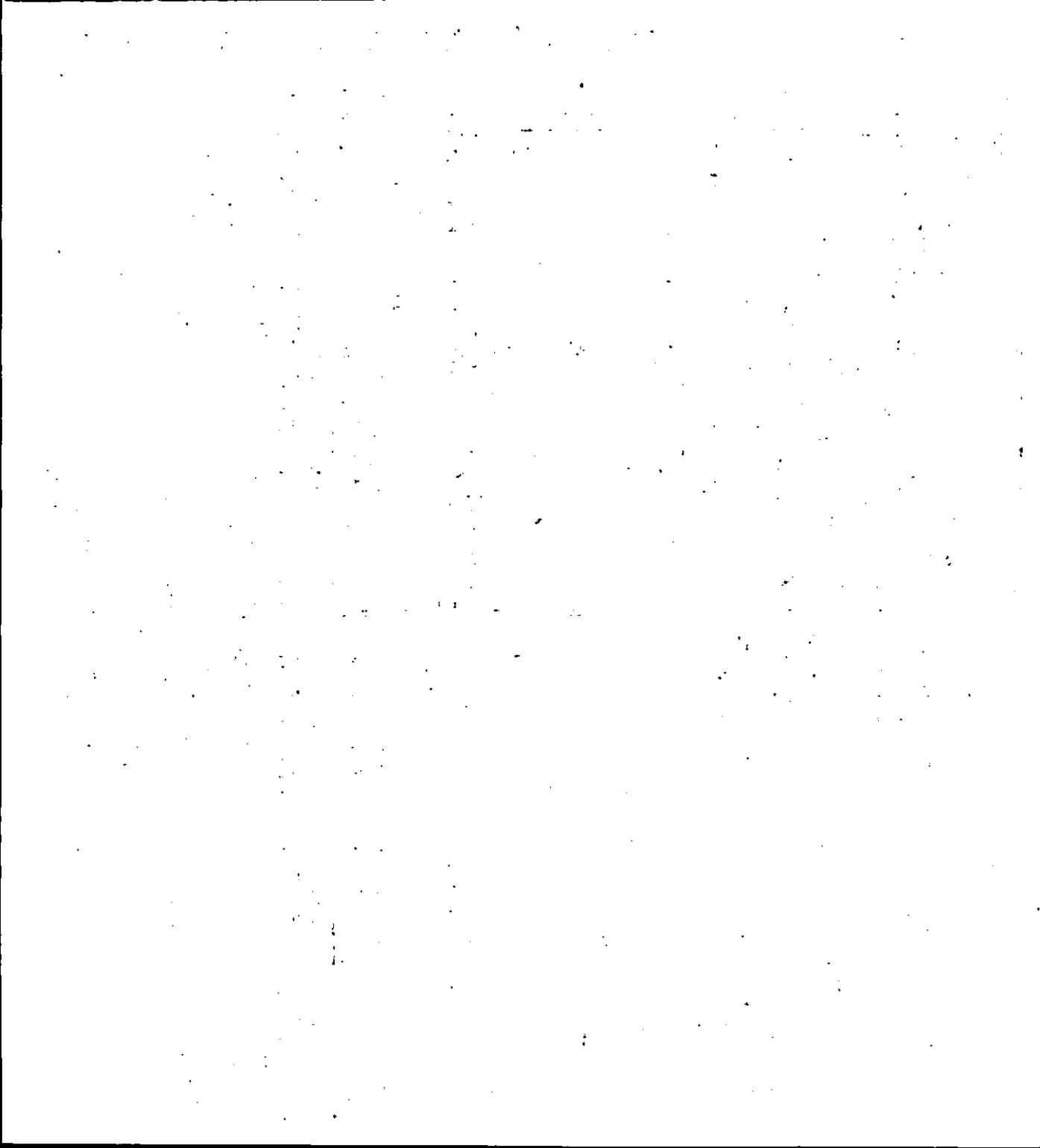
Manner of injury.....
 Nature of injury.....

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

(Signed) J. Coleman, M. D.

(Address) St. Louis

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.



St Louis City

WASHINGTON

21846

5581

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Albert Meller
Who died at City Hoop # 1 on June 4 - 1934
Residence: No. St. (If nonresident, city or town)

Length of residence in city or town where death occurred: Years Months Days
Sex M Color or race W Single, married, widowed or divorced:

Date of birth Age: Years 50 Months 10 Days 0

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Telereum Ironers - Month Year
Birthplace (State or country) Chr Alcoholism
Birthplace of father (State or country)
Birthplace of mother (State or country) Cardiac Failure
Principal cause of death: Chr Myocarditis

Other contributory causes of importance: Deles Chr Alcoholism
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
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
Was disease or injury in any way related to occupation of deceased?
If so, specify
Name of physician J M Calverton
Address of physician City Hoop # 1

Signature of Registrar Date filed Nov 2-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No.

Very truly yours, E. T. McGaugh

Primary Reg. Dist. No.

State Registrar
Special Agent.

S 21846