

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

Do not use this space.

22054

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1007**
 City St. Louis Mo. (No. Sanborn)..... St. Ward)

File No.
 Registered No. **5808**

2. FULL NAME

Arthur Miller
 (a) Residence, No. 6023 Manchester 4 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 52

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

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

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) St. Louis Missouri

13. NAME John A. Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

15. MAIDEN NAME Mary Wohl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown France

17. INFORMANT W.F. McNamee Jr (ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 6-12-34

19. UNDERTAKERS (ADDRESS) J. Murrell Long 2637 Hickory St

20. FILED 11 14 34 J. Beebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10th 1934

I HEREBY CERTIFY That I attended deceased from May 21st 1934 to June 10th 1934

I last saw him alive on June 10th 1934 Death is said

to have occurred on the date stated above, at 9:30 a.m.

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

936 Chronic Myocarditis 5/21/34

97 Anterior Sclerosis 5/31/34

Other contributory causes of importance:

93e

Name of operation..... 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?.....

If so, specify.....

(Signed) William F. McNamee, M. D.

(Address) 5400 Arsenal St.

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.

WHILE FILLING IN THIS IS A PERMANENT RECORD

