

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **3640 Marine Ave., U.S. Marine Hospital St. 10** Ward)

File No. **22385**
 Registered No. **6169**

2. FULL NAME Pete Miller

(a) Residence, No. **709 W. Locust St.** St. **NR** Ward. **Bloomington, Ill.**
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. **2** ds. How long in U.S., if of foreign birth? **65** 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 Single				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1870				
7. AGE YEARS 64	MONTHS 5	DAYS 22	IF LESS than 1 day,hrs. ormin.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamboat			
	10. Date deceased last worked at this occupation (month, day, and year) June 22, 1934			
11. Total time (years) spent in this occupation Unknown				

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **Joseph Miller**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

15. MAIDEN NAME **Anna Schlappa**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Angelus Connors
Records Room, U.S. Marine Hospital
St. Louis, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bloomington, Ill.** DATE **6-25-1934**

19. UNDERTAKER (ADDRESS) **C. Hoffmann, 784 S. Broadway**

20. FILED **N 25 1934** **J. H. Brebeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 24, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **June 22, 1934**, 19... to **June 24, 1934**, 19...
 I last saw him alive on **June 24, 1934**, 19... Death is said to have occurred on the date stated above, at **6 A.M.**

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

Peritonitis, General Date of onset **June 19, 1934**
Appendicitis, Acute, Ruptured **June 18, 1934**
Appendical Abscess
 Other contributory causes of importance
Appendectomy Date of **June 22**
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following: **NO**
 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. J. Delaney, M.D.**
 (Address) **U.S. PHS St. Louis, Mo.**

berthel: 581 rasher, med. N. Chicago.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1-19-34
15
1A
1C

