

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.

AUG 16 1934

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** (No. **5886 Delmar Blvd**) St. Ward)

File No.
Registered No. **26981**
7215

2. FULL NAME

Theodore Miller
(a) Residence, No. **5886 Delmar** St., **5** Ward, **Missouri**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **4** yrs. mos. ds. How long in U. S., if of foreign birth? **41** 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 **Helen Miller**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 1, 1862**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 8 19

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Tobacconist**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Proprietor retail store**
10. Date deceased last worked at this occupation (month and year) **June 1934** 11. Total time (years) spent in this occupation. **41**

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

FATHER
13. NAME **Theo. Miller Sr**

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

MOTHER
15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Mr. George** (ADDRESS) **5886 Delmar**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **July 23, 1934**

19. UNDERTAKER **Alexander & Sons** (ADDRESS) **6175 Delmar**

20. FILED **22 1934** 19 **Joe J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

3
21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 20, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **June** 19**32**, to **July 20**, 19**34**
I last saw him alive on **July 26**, 19**34** Death is said to have occurred on the date stated above, at **6 P.** m.

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

Arteriosclerosis
Coronary atherosclerosis
caused by heart.
Date of onset

Other contributory causes of importance: **191**
Heart exhaustion

Name of operation **Tobacconist** Date of **7-20-34**
What test confirmed diagnosis? **Cholera** Was there an autopsy? **Yes**

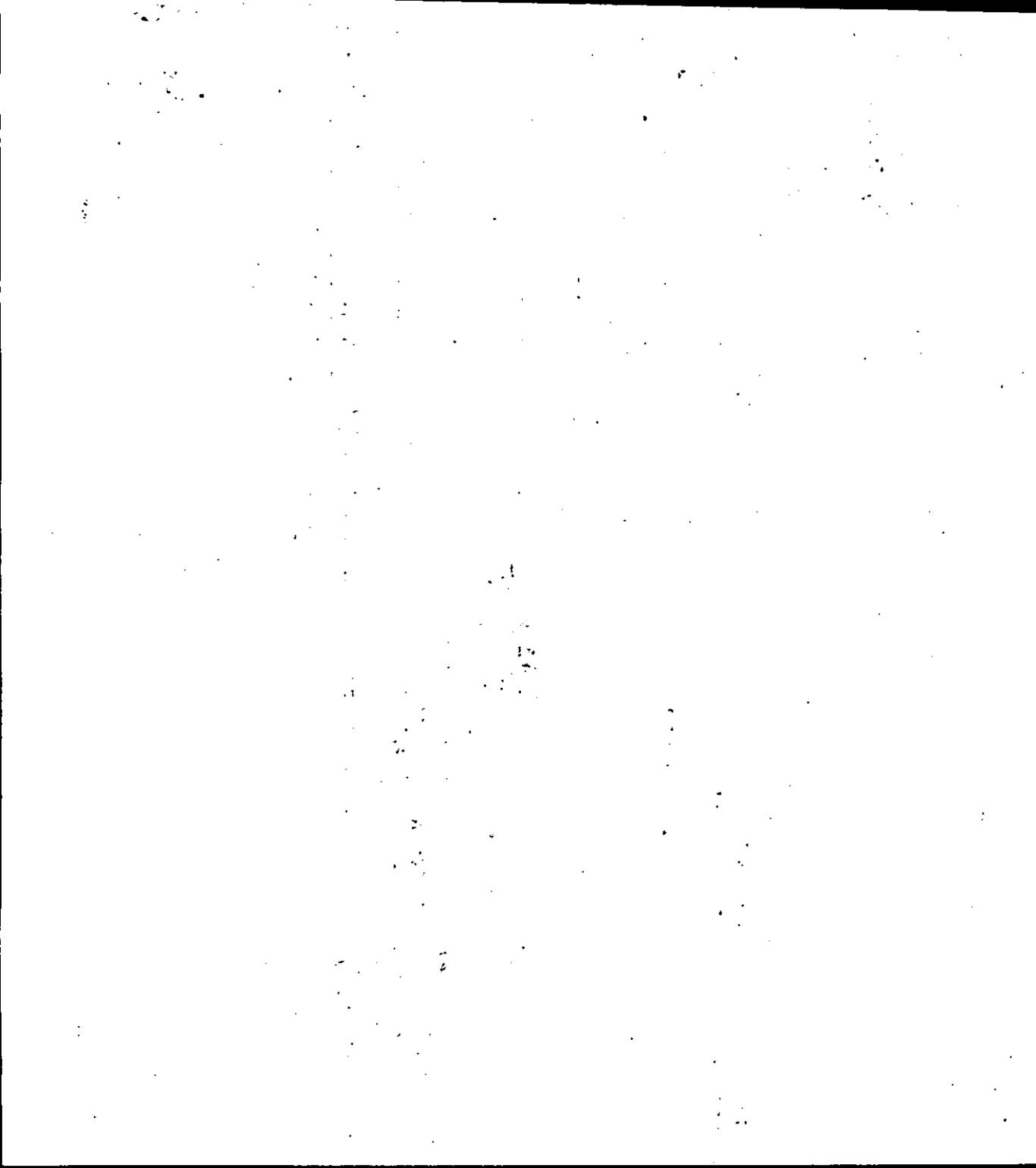
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)

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) **Maxwell Tabacnic**, M. D.
(Address) **5896 Delmar**
(Tabacnic)



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

26981

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Township.....

Primary Registration District No. 1003

City St. Louis (No. 5886 Delmar Blvd)

File No.

Registered No. 7215

St. Ward)

2. FULL NAME

Theodore Miller

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

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11. Total time (years) spent in this occupation

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

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 11-28 1934 J. F. Prebeck Registrar

MEDICAL CERTIFICATE OF DEATH

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to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

Doctor states no operation what ever no date Spinal should be left blank

Name of operation..... Date of

What test confirmed diagnosis?..... Was there an autopsy?.....

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(Signed), M. D.

(Address)

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-24981