

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

Do not use this space.

1. PLACE OF DEATH SEP 23 1934

County.....
Township.....
City St Louis (No.) Sanitatum St. Ward)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 31438
8762

2. FULL NAME John M. (Wesley) Miller

(a) Residence, No. 2717 Morgan St., 21 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 31 yrs. X 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1862

7. AGE YEARS 72 MONTHS unknown DAYS unknown If LESS than 1 day, hrs. or min.

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

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

10. Date deceased last worked at this occupation (month and year) June 1904 11. Total time (years) spent in this occupation

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

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Dr. Hill (ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 8-30 1934

19. UNDERTAKER Walter Richter (ADDRESS) 3520 Dutcher St

20. FILED 1003 19 J. Brebeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 1934

22. I HEREBY CERTIFY, That I attended deceased from 8/19, 1934, to 8/20, 1934

I first saw him alive on 8/20, 1934 Death is said

to have occurred on the date stated above, at 10 A.M.

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

Cardiac Failure from Chc Myocarditis 9-30 1932
Sensitivity 14/11 1934

Name of operation Date of
What test confirmed diagnosis? 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) Dr Hill, M. D.
(Address) 5400 Arsenal

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.

