

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

Do not use this space.

OCT 11 1934

34491

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *City - District*)
9943 St. *Edwards* (Ward) *1*

File No. **9285**
Registered No. **9285**
St. Ward)

2. FULL NAME

(a) Residence, No. *7816* *Kelley Ave.* Ward. *1*
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M.</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Juste Miller</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 23 - 1862</i>		
7. AGE	YEARS <i>72</i>	MONTHS <i>9</i>
	DAYS <i>27</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Printer</i>	
	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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Concord, Co. Mo.</i>
MOTHER
FATHER
13. NAME <i>Charles Miller</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
15. MAIDEN NAME <i>Catharine Diefz</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Prussia</i>
17. INFORMANT (ADDRESS) <i>Harp St. St. Louis</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Trinity</i> DATE <i>Sept 22 1934</i>
19. UNDERTAKER (ADDRESS) <i>St. Joseph</i>
20. FILED <i>SEP 21 1934</i> <i>J. Brebeck</i> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 20, 1934*
22. I HEREBY CERTIFY, That I attended deceased from *9/12*, 19*34*, to *9/20*, 19*34*
I last saw *deceased* alive on *9/20*, 19*34* Death is said to have occurred on the date stated above, at *9:00* a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Sept. 15
Acute Rheumatic Heart Disease
Chromyocarditis
Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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 *Printer*
(Signed) *James Kelly* M. D.
(Address) *City St. Louis*

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.

