

MAR 1 5 1935

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. **5352a**, **Patton Ave.**) St. **6** Ward.....
Registered No. **1742**

2. FULL NAME **Herman Miller**

(a) Residence, No. **5352a Patton Ave.** St. **6** 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.

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) **Jan. 21st, 1870**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 **0** **29**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Furniture worker**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Wolf & Framer Co.**
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) **St. Louis, Mo.**13. NAME **Unknown Miller**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Helen Miller**
5352a Patton Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters Cem.** DATE **Feb. 22nd, 35**19. UNDERTAKER (ADDRESS) **Drehmann Haral**
1905 Union Blvd.20. FILED **FEB 21 1935**, 19 **J. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 20th, 1935**22. I HEREBY CERTIFY, That I attended deceased from **2-19-35**, 19**35**, to **2-20-35**, 19**35**.I last saw h **W** alive on **2-20-35**, 19**35**. Death is said to have occurred on the date stated above, at **6:55 A.M.**

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

CHRONIC MYOCARDITIS 1933
Arteriosclerosis 1932
Date of onset

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.....
(Signed) **Herman Miller** M. D.
(Address) **4414 W. Florissant**

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.

Dr. Thacker

4114 St. Louisant

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