

OCT 21 1935

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

Do not use this space.

34284

## 1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... City Hospital No. **1003**  
City **St. Louis, Mo.** (No. **City Hospital No. 2**)  
St. .... Ward)

File No. ....

Registered No. **8709**

## 2. FULL NAME

(a) Residence, No. **29007 - Lucas** Ward. **21**  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **31** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>Negro</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Myrtle Miller</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan 11th 1889</b>		
7. AGE	YEARS <b>46</b>	MONTHS <b>9</b>
	DAYS <b>3</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Labrer</b>	
	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) <b>Ala.</b>		
FATHER	13. NAME <b>William Miller</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ala.</b>	
MOTHER	15. MAIDEN NAME <b>Annie White</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ala.</b>	
17. INFORMANT (ADDRESS) <b>July Bredeck 2945 - Lucas</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>National Cemetery</b> DATE <b>Oct. 18 35</b>		
19. UNDERTAKER (ADDRESS) <b>Chas. J. Gates 9107 Finney Ave</b>		
20. FILED <b>OCT 16 1935</b> <b>J. H. Bredeck</b> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 14th 1935**22. I HEREBY CERTIFY, That I attended deceased from **10-13** -, 19**35**, to **10-14** -, 19**35**I last saw him alive on **10-14** -, 19**35** Death is saidto have occurred on the date stated above, at **11:30** m.

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

**Ruptured Appendix** Date of onset

Other contributory causes of importance:

**Peritonitis**

Name of operation **Appendectomy** Date ofWhat test confirmed diagnosis? **Microscopic** Was there an autopsy? **No.**

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 **William H. Sickler, M.D.**(Signed) **William H. Sickler, M.D.**(Address) **2945 - Lucas Blvd.**

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.

