

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

Do not use this space.

DEC 17 1935

42030

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. _____
 Township _____ Primary Registration District No. 6248 B Registered No. 408
 City Jefferson Barrade No. Veterans Hospital St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Helaman Hospital St. _____ Ward. Freeberg, Ill
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 31 mos. 10 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3^d 1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 0 1

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 15 1/2

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill
 13. NAME Louis Miller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freeberg, Ill
 15. MAIDEN NAME May
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill

17. INFORMANT Mr. May Miller
 (ADDRESS) Freeberg, Ill
 18. BURIAL, CREMATION, OR REMOVAL PLACE Freeberg, Ill DATE Dec 7th 1935
 19. UNDERTAKER Meng and Sintel
 (ADDRESS) Freeberg, Ill
 20. FILED Dec 4 1935 L. Mowrey
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 4th 1935
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 21st 1935, to Dec 4th 1935
 I last saw him alive on Dec 4th 1935 Death is said to have occurred on the date stated above, at 6⁰⁰ P.M.
 The principal cause of death and related causes of importance were as follows:

Pulm. Tubercul. far advanced Date of onset _____

Other contributory cause of importance: _____
 Name of operation Am. Leg. Date of _____
 What test confirmed diagnosis? x-ray 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 _____
 (Signed) A. W. Schely, Acting Chief M. D.
 (Address) Jefferson Barrade, Mo

100M-111- PLAINLY, WITH UN... DING INK--THIS IS... RECORD
 N.B.—Every item of information 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.

