OCT 5 1936

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

Do not use this space.

36208

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis. (No. 4131 OBear Ave. St. ..... Ward)

File No. .....

Registered No. 9854

2. FULL NAME Charles A. Miller.

(a) Residence, No. 4131 OBear Ave. St., 10 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: Catherine Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 5, 1863

7. AGE: 73 YEARS | MONTHS: 5 | DAYS: 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Planing Mill.

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): Missouri

FATHER

13. NAME: David Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Catherine Miller, 4131 Obear Av

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE October 1, 1936

19. UNDERTAKER (ADDRESS): Arthur J. Donnelly & Co, 3840 Lindell Blvd

20. FILED SEP 29 1936 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 4, 1936 to Sept 28, 1936

I last saw him alive on Sept 28, 1936. Death is said to have occurred on the date stated above, at 9:15 P.M.

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

	Date of onset
Cerebral Hemmorhage	9-4-36
Other contributory causes of importance:	
Arteriosclerosis	9-4-36

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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? No

If so, specify .....

(Signed) A. Emmett Byrne M.D.

(Address) 3802 N. Grand Av

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.

Robt. E. Byrne
3802 N Lucas
Co 7109
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