

MARGIN RESERVED FOR BINDING

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.

100M-3-25-33

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

Do not use this space.

JAN 10 1937

47027

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. City Infirmiry)

~~SUPPLEMENTAL~~ 791
Registration District No. 1008
Primary Registration District No. 1008

File No. 12853
Registered No.
St. Ward)

2. FULL NAME Herman Miller

(a) Residence, No. City Infirmiry St. Hospital Ward. 13
(Usual place of abode) 5800 Arsenal St. (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 2, 1857</u>		
7. AGE YEARS <u>1857 79</u>	MONTHS <u>2</u>	DAYS <u>7</u>
If LESS than 1 day, .. hrs. or .. min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1929 December 9, 1936

I last saw him alive December 9, 1936 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

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

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

10. Date deceased last worked at this occupation (month and year)..... X

11. Total time (years) spent in this occupation.....

CHRONIC MYOCARDITIS

93C

Other contributory causes of importance:
VARICOSE ulcers of legs

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME August Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Lenora Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT E. Molony
(ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis U DATE 12-24

19. UNDERTAKER W. Richter
(ADDRESS) 3500 Ventura St

20. FILED DEC 30 1936
J. Bredbeck
Registrar.

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) L. H. Gray M. D.
(Address) 5600 Arsenal

