APR 9 1937

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

Do not use this space.

791
1003

File No. 10446
Registered No. 3019

1. PLACE OF DEATH

County ..... Registration District No. .....
Township ..... Primary Registration District No. .....
City St. Louis (No. City Hospital St. ..... Ward)

2. FULL NAME HENRY MILLER,

(a) Residence, No. 5447 Thrush Avenue St., 7 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Miller (Steffen)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	3	21	

OCCUPATION

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER

13. NAME William Miller

14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME Katherine Kienker

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

17. INFORMANT Mrs. Mary Miller (ADDRESS) 5447 Thrush Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns DATE Mar. 20, 1937

19. UNDERTAKER Math. Hermann & Son (ADDRESS) 2161 East Fair Avenue

20. FILED MAR 18 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:00 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Alfred Perry, M. D.
(Address) Deputy Coroner

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.

THIS IS A PERMANENT RECORD