

APR 27 1937

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

Do not use this space.

13463

1. PLACE OF DEATH

County St. Louis
Township Clayton
City Clayton

Registration District No. 790
Primary Registration District No. 60889
(No. St. Louis Co. Hosp.)

File No. 13463
Registered No. 91
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5255 Page Ave. 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 1898
7. AGE YEARS 38 MONTHS 9 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
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) Milwaukee Wisconsin

13. NAME John H. Miller

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Philipine Miller (ADDRESS) 5255 Page Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Mar 28 1937

19. UNDERTAKER (ADDRESS) 1525 N. Grand Blvd

20. FILED 3/27 1937 Dr. A. J. Sigorell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:15 p.m. The principal cause of death and related causes of importance were as follows:

accidental fall from the roof of a three story building Date of onset 3/3/37

Other contributory causes of importance: Cerebral hemorrhage Multiple fractures 3/3/37

Name of operation None Date of _____ What test confirmed diagnosis Clinical Signs Was there an autopsy? yes

23. If death was due to external causes, (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Mar. 3, 1937 Where did injury occur? Wheeler Groves Mo. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Industry Manner of injury Fall from roof of building Nature of injury Brain hemorrhage

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify Roofer (Signed) Geo. J. Connel, M. D. (Address) Proctor, St. Louis Co, Mo.

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.

