

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

Do not use this space.

**JUN 12 1937**

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... **ST LOUIS**

Registration District No. **791**  
Primary Registration District No. **1008**  
(No. **MO. PACIFIC HOSP. /**)

File No. **18719**  
Registered No. **5295**  
St. .... Ward)

**2. FULL NAME**

**MIKE MILLER**

(a) Residence, No. **1525 N. 8 STR** St., **26** 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 **TILLIE MILLER**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JUNE 10 - 1870**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<b>28</b>	<b>66</b>	<b>11</b>	<b>17</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **WATCHMAN**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **R.R. CROSSING**  
10. Date deceased last worked at this occupation (month and year) **MCH 10 - 1937** 11. Total time (years) spent in this occupation. **20 YRS**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **POLAND**

13. NAME **MIKE MILLER**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **POLAND**

15. MAIDEN NAME **DONT KNOW**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **POLAND**

17. INFORMANT (ADDRESS) **John Miller 1525 N 8th**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY** DATE **MAY 29TH 1937**

19. UNDERTAKER (ADDRESS) **BRUCKLAND UND. CO 1827 HOGAN STR.**

20. FILED **MAY 28 1937** **J. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 27TH 1937**

22. I HEREBY CERTIFY, That I attended deceased from **5-14**, 19**37**, to **5-27**, 19**37**. I last saw him alive on **5-27**, 19**37**. Death is said to have occurred on the date stated above, at **9:30 a.m.**

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

**Carcinoma of larynx** Date of onset **11-2-36**

Other contributory causes of importance: **H7**

Name of operation ..... Date of .....  
What test confirmed diagnosis? **Biopsy** 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) **R.H. McIlroy**, M. D.  
(Address) **MO. Pacific Hosp.**

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.

702-2222

