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.

JUN 12 1937

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

Do not use this space.

791

1. PLACE OF DEATH

County ..... Registration District No. 1008

Township ..... Primary Registration District No. ..... File No. 18720

City St. Louis (No. City Hospital No.1 St. ..... Ward) Registered No. 5296

B 17931

2. FULL NAME Charles Miller

(a) Residence, No. 2531 West Hebert St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Margaret Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 10, 1899

7. AGE ~~35~~ 10 YEARS 37 MONTHS 6 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

FATHER

13. NAME George Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis,

MOTHER

15. MAIDEN NAME Anna Raubrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

17. INFORMANT (ADDRESS) Hosp. Inf. M. H. Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE May 29 1937

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar

20. FILED MAY 28 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/28/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/17/37, 19 ..., to 5/28/37, 19 ...

I last saw him alive on 5/28/37, 19 ... Death is said to have occurred on the date stated above, at 3.10a

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

Pulmonary Tbc.

Date of onset

23.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Roy Greenbaum, M. D.

(Address) City Hospital No.1