

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

29506
Do not use this space.

1. PLACE OF DEATH **SEP 10 1937**
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City. **St. Louis Mo.** (d) Street No. **St Anthony Hospital** Registered No. **8139**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Andrew Miller**
 (a) Residence, No. **2707 Lemp Ave.** St. **23**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 **Margeret Miller**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 4 1902**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
34	9	25	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Chauffer**

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

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) **St. Louis Mo.**

FATHER

13. NAME **E. D. Miller**

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

MOTHER

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Margeret Miller**
(ADDRESS) **2707 Lemp Ave**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **NEW SCALVARY** DATE **Aug 31 37**

19. FUNERAL DIRECTOR **Thos Kuttis**
(ADDRESS) **2906 Gravois Ave**

20. FILED **Aug 30 1937**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/29 1937**

22. I HEREBY CERTIFY, That I attended deceased from **8/21**, 19**37**, to **8/29**, 19**37**
 I last saw him alive on **8/28**, 19**37**. Death is said to have occurred on the date stated above, at **11:50 a. m.**
 The principal cause of death and related causes of importance were as follows:
Acute purulent appendicitis & perforation complicated by intestinal obstruction & intestinal obstruction caused by appendicitis
 Date of onset **8/14/37**
Other contributory causes of importance: Chronic malignant
 Date of onset **8/26/37**

Name of operation **appendectomy** Date of operation **8/24/37** Date of report **8/26/37**
 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 **1**

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) **Wm J. Starn** M. D.
 (Address) **1048 Summit**

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

U. S. NO. 1 X12064

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.

STATEMENT BY LICENSED EMBALMER

I, Thos. Kutis, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Thos. Kutis

L. E. 1619

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Thos. Kutis

Licensed Embalmer No. 1619

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)