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

791

Do not use this space.

32996

1. PLACE OF DEATH

County .... Registration District No. 7911003 File No. ....

Township .... Primary Registration District No. 1003 Registered No. 9050

City St. Louis (No. 5214 South Compton Avenue St. .... Ward)

2. FULL NAME Alfred E. Miller

(a) Residence, No. 5214 South Compton St., 15 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 Emma Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	8	26	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Service Co.

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) Cross Timber Missouri

FATHER

13. NAME George Miller

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

MOTHER

15. MAIDEN NAME Martha Hickey

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

17. INFORMANT Emma Miller - Wife
(ADDRESS) 5214 So. Compton, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE PARKLAWN CEM DATE SEPT. 29 1937

19. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 So. B'way, St. Louis, Mo.

20. FILED SEP 28 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9/23 - 1937, to 9-26 - 1937

I last saw him alive on 9-26 - 1937. Death is said to have occurred on the date stated above, at 8:30p.m.

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

chronic myocarditis

Asthma

Other contributory causes of importance:

chronic parenchymatous nephritis

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

What test confirmed diagnosis? Clinical 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? no

If so, specify ....

(Signed) C. W. Gasteiger, M. D.

(Address) 3115 So. Grand

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

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.

Fa. C. 24 [illegible]
3115 [illegible]
La. 1860
3 - 4

STATEMENT BY LICENSED EMBALMER

I, G-Leo J. Budde, [illegible], licensed Embalmer Number 3989, hereby certify that the body recorded on the reverse side of this certificate was embalmed by Leo J. Budde, L.E. No. 3989.

(Signed) Leo J. Budde
License No. 3989