

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township
City University City (No., St. Ward)

Registration District No. 96 1110
Primary Registration District No. 4470

File No. 46807
Registered No. 28

2. FULL NAME Unnamed Miller

(a) Residence, No. 7068 Waterman St. Ward.
(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. (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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-26-07

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) University City Mo. (STATE OR COUNTRY)

FATHER 13. NAME James I. Miller

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Cora Swift

16. BIRTHPLACE (CITY OR TOWN) New Orleans Louisiana (STATE OR COUNTRY)

17. INFORMANT Cora Miller 7068 Waterman (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.

19. UNDERTAKER (ADDRESS)

20. FILED 1-5 1938

THEODORE R. MEYER M. D. DR. P. H.
Deputy State Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 1:30 P.M. 12/26, 1937, to 1:30 P.M. 12/26, 1937

~~Death is said to have occurred on the date stated above, at~~

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

Abortion, Spontaneous 4 1/2-5 months

Other contributory causes of importance:

Name of operation Date of
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

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. W. Imbrance M. D.
(Address) 4500 Olive Street

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.

