

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

Do not use this space.

REC'D MAR 14 1938

791
1008

5094
1739

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. MISSOURY - BAPTIST HOSPITAL St. Ward)

2. FULL NAME Infant Miller 460

(a) Residence, No. 5215 S. Broadway St., 15 Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Boy 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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18/38, 19, to Feb. 18, 1938

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 8 AM.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 18-1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
Stillborn

Stillborn. Date of onset

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

Normal birth; was due 2/28/38.

Other contributory causes of importance:

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

P.M. exam - Indeterminate as to cause of stillbirth

FATHER 13. NAME Paul H. Miller

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Metropolis Ill.

MOTHER 15. MAIDEN NAME Virginia B. Jackson

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windsor Ill.

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Paul H. Miller 5215 S. Broadway

Manner of injury.....
Nature of injury.....

18. BURIAL, CREMATION OR REMOVAL PLACE LAKE CHARLES DATE FEB. 19 1938

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

19. UNDERTAKER (ADDRESS) Albert H. Horn 429 N. Euclid Ave

(Signed) H. M. Greenstein, M. D.

20. FEB 18 1938, 19..... J. Bredeck Registrar.

(Address) Wall Bldg. St. Louis, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Not indicated