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

REC'D APR 12 1939

8598
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No.

(b) Township 1 Primary Registration District No. Registered No. 2363

(c) City St. Louis, Mo. (d) Street No. 3907 a Cleveland Ave., St.
(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 460 HOWARD MILLER

(a) Residence, No. 3907 a Cleveland Ave. St. 17
(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: Lee Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 1, 1875

7. AGE: YEARS 63 MONTHS 8 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Electrical Contractor
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. 0

FATHER
13. NAME: Charles F. Miller 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo. 0

MOTHER
15. MAIDEN NAME: Amanda J. Engler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

17. INFORMANT (ADDRESS): Howard C. Miller, 3907 a Cleveland Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine DATE: March 13, 1939

19. FUNERAL DIRECTOR (ADDRESS): A Kron L + U Co, 2707 N Grand Blvd

20. FILED: MAR 13 1939 J. B. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1937, to Mar. 10, 1939
I last saw him alive on March 10, 1939. Death is said to have occurred on the date stated above, at 11.15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Emphysema	1934
Chronic bronchitis	1933
non tubercular	

95

Other contributory causes of importance:
Cardiac decompensation (secondary to the emphysema) 3-39

Name of operation: Date of:
What test confirmed diagnosis? X ray 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? No
If so, specify
(Signed) Truman G. Drake, M. D.
(Address) 114 N. Taylor

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PERMIT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X12004

STATEMENT BY LICENSED EMBALMER

I, [signature], Licensed Embalmer No. 2631

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

.....L. E.....

No.....or by.....Registered Apprentice No.....

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2631

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.)