

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

Do not use this space.

20268

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003** File No. ....  
 City *St. Louis* (No. *5010*, *North Broadway* St. .... Registered No. **6074** Ward)

**2. FULL NAME**

(a) Residence. No. *5010 North Broadway* 9 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. da. 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)  
*Female* | *White* | *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Mar. 17, 1888*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*39* | *3* | *13*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *At Home*  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Tenn*

10. NAME OF FATHER *Robert Miller*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  
*Not Known*

12. MAIDEN NAME OF MOTHER *Lucretia Hulsey*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  
*Tenn*

14. INFORMANT *John W. Golman*  
 (Address) *5010 North Broadway*

15. FILED *1-1-1927* *Maule Staroboff* REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 30 1927*

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at ..... *9:30 A.M.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Central apoplexy (non-traumatic)*  
 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) *Wing*  
 (duration) yrs. mos. da.

18. WHETHER DISEASE CONTRACTED IF NOT, BY PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS..... (Signed) *W. J. ...* M. D.  
 (Address) *Corcoran*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Desloge, Mo* DATE OF BURIAL *July 1 1927*

20. UNDERTAKER *Math. Hermann & Son* ADDRESS *4103<sup>rd</sup> West Florissant Ave.*

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.

