REC'D MAR 14 1938

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

4905
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 1550

(c) City St. Louis (d) Street No. 3161 Russell Place 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martin R. Miller

(a) Residence, No. 3161 Russell Place 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	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 Minnie Miller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1878

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
59	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Paper Hanger

9. Industry or business in which work was done, as saw mill, bank, etc. Scruggs Vandervoort & Barney

10. Date deceased last worked at this occupation (month and year) ..... Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia, Pennsylvania

FATHER

13. NAME Jonathan Miller

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT T. P. Magendie
(ADDRESS) 4201a Hartford Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Hickory Tennessee Feb. 13, 1938

19. FUNERAL DIRECTOR Wm. J. Robert
(ADDRESS) 1905 S. Grand Blvd.

20. FILED FEB 13 1938 J. D. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/20, 1937, to 2/11, 1938

I last saw him alive on 2/11, 1938. Death is said to have occurred on the date stated above, at 12.30 p.m.

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

	Date of onset
Angina Pectoris	2/7/38
Coronary Disease	Dec 1937

Other contributory causes of importance:
Arteriosclerosis

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? No

If so, specify .....

(Signed) Walter R. Jordan, M. D.

(Address) 503-7 Mall Bldg.

(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.

STATEMENT BY LICENSED EMBALMER

I, W M J Robert, Licensed Embalmer No. 502

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 W M J Robert

Licensed Embalmer No. 502

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)