

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

REC'D MAR 14 1938

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

5112
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **4148 Ashland** St. **1757**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME **Walker David Miller 460**

(a) Residence, No. **4148 Ashland Ave.** St. **10**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/17/38** 19**38**

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 27, 1875**

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at **12:00m.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. **62 4 10**

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Flagman**
9. Industry or business in which work was done, as saw mill, bank, etc. **Public Service Co.**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Coronary Occlusion.
Arteriosclerosis.
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ludlow, Mo.**

13. NAME **Willey Miller**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ludlow, Mo.**

15. MAIDEN NAME **Jane Thomson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ludlow, Mo.**

17. INFORMANT **Ethel Miller** (ADDRESS) **4148 Ashland**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthews** DATE **2/19/38** 19**38**

19. FUNERAL DIRECTOR **Edith E. Ambruster** (ADDRESS) **4234 Manchester**

20. FILE **FEB 18 1938** **J. F. Bredeck** Local Registrar.

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? **No**
If so, specify
(Signed) **Joseph M. Quinn**, M.D.
(Address) **Deputy Coroner**

JAN 7 1958

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck, Licensed Embalmer No. 1284

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Florenz Eynck
Licensed Embalmer No. 1284

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