

REC'D AUG 4 1938

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

25315
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township _____ Primary Registration District No. 2001 Registered No. 541
(c) City Springfield (d) Street No. St. Johns Hospital 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

(a) Residence, No. 2160 Piedmont Pl. St. Louis 6. Mo. St. Louis Mo
(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 NoREEN Miller
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1898
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 40 3 25
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Display Manager
9. Industry or business in which work was done, as saw mill, bank, etc. Best's Dept. St. Louis
10. Date deceased last worked at this occupation (month and year) May 25, 1938
11. Total time (years) spent in this occupation 14

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

FATHER 13. NAME Fred J. Miller

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

MOTHER 15. MAIDEN NAME Alice Margutzke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vally Park Mo.

17. INFORMANT (ADDRESS) Larry S. Miller 771 Benton Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis 6. Mo. DATE July 11, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. C. Whiteman Springfield, Mo.

20. FILED July 19, 1938 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1938

22. I HEREBY CERTIFY That I attended deceased from June 12, 1938 to July 8, 1938
Last saw him alive on July 8, 1938 Death is said to have occurred on the date stated above, at 11:25 a.m.
The principal cause of death and related causes of importance were as follows:

Cardioplacental renal disease with hypertension

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____
What test confirmed diagnosis? Examination 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) Forster M. D.
(Address) Springfield Mo.

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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Fred C. Thieme

....., or by

Registered Apprentice No. 2899....., working under my personal supervision.

Signed.....

Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, Ma

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.)

If this body is not embalmed, above space should be left blank.