

31 1939

REC'D FEB 7 1939

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

3957
Do not use this space.

1. PLACE OF DEATH
 (a) County... Saint Louis
 (b) Township... Carondelet
 (c) City... Jefferson Barracks
 (d) Street No. Unkn. (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... Joseph MILLER

(a) Residence, No. 7424 Virginia Avenue, Saint Louis st. Missouri.
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 12, 1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	51	5	16	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) Saint Louis
 (STATE OR COUNTRY) Missouri.

FATHER

13. NAME Herman Miller
 14. BIRTHPLACE (CITY OR TOWN) -
 (STATE OR COUNTRY) Not known

MOTHER

15. MAIDEN NAME Maggie (Unknown)
 16. BIRTHPLACE (CITY OR TOWN) -
 (STATE OR COUNTRY) Not known

17. INFORMANT Clinical, Dr. H. C. Barracks, Missouri
 (ADDRESS) Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL CEM DATE JAN 31 1939

19. FUNERAL DIRECTOR (NAME) C. H. FEMEISTER UTL CO
 (ADDRESS) 7814 S BROADWAY

20. FILED JAN 31 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 28 1939

22. I HEREBY CERTIFY, That I attended deceased from December 16 1938, to January 28 1939
 I last saw him alive on January 28 1939. Death is said to have occurred on the date stated above, at 12:40 AM
 The principal cause of death and related causes of importance were as follows:
 Myocarditis, hypertrophy and dilatation congestive heart failure
 (Hypertensive heart disease.)
 Other contributory causes of importance: Nephritis, chronic, marked.
 Name of physician None
 What test confirmed diagnosis? None
 Date of autopsy? None
 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?
 If so, specify _____
 (Signed) C. W. HUGHES, Chief Med. Officer, M. D.
 VAF., Jefferson Barracks, 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.

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No.....
P. O. Address.....

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.