

REC'D APR 12 1939

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

791
1003

8398
Do not use this space.

Registered No. 2163

1. PLACE OF DEATH

(a) County 2 Registration District No. 1003
(b) Township _____ Primary Registration District No. _____
(c) City ST. LOUIS (d) Street No. 921 A ACADEMY 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

460 WILLIAM J. MILLER
(a) Residence, No. 921 A ACADEMY St. 12 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 15, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PAINTER
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) 1939 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BUFFALO, NEW YORK

FATHER 13. NAME FRANK MILLER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

MOTHER 15. MAIDEN NAME MARY YAX

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

17. INFORMANT (ADDRESS) FRANK MILLER
5343 PATTON AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE 3-7-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) CULLEN-KELLY
1416 N. TAYLOR AVE

20. FILED MAR 6 1939 J. D. Buckner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1939

I HEREBY CERTIFY, That I attended deceased from March 5, 1939 to March 4, 1939. I last saw him alive on March 4, 1939. Death is said to have occurred on the date stated above, at 4:20 A.M.

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

Coronary occlusion Date of onset 3/3/39

Other contributory causes of importance: PH

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) T. J. Kessick (M.D.)
4503 Washington (Address)

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

Mark Simon

Registered Apprentice No. *174*, working under my personal supervision.

Signed

Clement McNeary

Licensed Embalmer No.

3732

P. O. Address

St. Louis

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.