

1939
 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.

REC'D MAY 11 1939

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

16125
 Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 782A
 (b) Township _____ Primary Registration District No. 200 Registered No. 717
 (c) City Pinebluffs (d) Street No. 3707 Vista Pl. 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 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

460 John G. Miller
 (a) Residence, No. 3707 Vista Pl., VISTA Place (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 Martha Bates Miller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3, 1862
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 1 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret'd Ins.
 9. Industry or business in which work was done, as saw mill, bank, etc. Salesman
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Loveland
 (STATE OR COUNTRY) Ohio

FATHER 13. NAME George A. Miller

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

MOTHER 15. MAIDEN NAME Mary Combs

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

17. INFORMANT Edwin Miller
 (ADDRESS) 1140 Ursula

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Apr. 22, 1939

19. FUNERAL DIRECTOR (NAME) Alexander & Sons
 (ADDRESS) 6175 Delmar Blvd.

20. DATE OF DEATH APR 21 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1, 1939 to Apr. 20, 1939
 I last saw him alive on Apr. 20, 1939 Death is said to have occurred on the date stated above, at 4 P. m.

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

Cerebral Hemorrhage (Hemiplegia) Date of onset 8/2/31

Other contributory causes of importance
German Measles
Pneumonia

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) A. R. Meyer M. D.
 (Address) 2206 Harvard

2908 University
Avenue 0086

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,

jos E. McCulloch

or by

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

Signed *jos E. McCulloch*

Licensed Embalmer No. *2460*

P. O. Address *6175 Delmar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING with the above constitutes grounds for revocation of license.

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