

Registration District No. **791**

Primary Registration District No.

1. PLACE OF DEATH:

1003

(a) County.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Alexian Brothers
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Arthur A. Miller **460**

3. (b) If veteran, name war No
 3. (c) Social Security No. 488-07-8145

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma
 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased 10 10 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>8</u>	<u>11</u>	hr. min.

9. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business International Shoe Co.

12. Name Herman Miller

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Emma Loger
(City, town, or county) (State or foreign country)

15. Birthplace Florence Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Emma Miller

(b) Address 5450 Nagel

17. (a) Burial (b) Date thereof 6/24/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Wacker Helderle
 (b) Address 2331 S. Broadway

19. (a) J. P. Brudick (b) J. P. Brudick
(Date of registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5450 Nagel
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21
 year 1939 hour 7 minute _____ p. M.

21. I hereby certify that I attended the deceased from June 19
 _____, 1939, to June 21, 1939
 that I last saw him alive on June 21, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Perforation duodenal ulcer
 Duration 6 days

Due to.....
 Due to.....
 Other conditions (include pregnancy within 3 months of death)
 Major findings: Of operations.....
 Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? (Specify type of place) (e) Means of injury.....

23. Signature Gabriel Jungman (M. D. or other)
 Address 4602 9th Ave Date signed 6/22/39

WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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.

I 11031

JUN 23 1939

ST. LOUIS

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.....

Robert Wheeler

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Robert Wheeler

Licensed Embalmer No..... *2128*

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.