

Registration District No. 701

Primary Registration District No. _____

Registrar's No. 56361. PLACE OF DEATH: 1008

- (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:
6568 SCANLON AV. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
 years, months or days 33. (a) PRINT FULL NAME EDWARD MILLER3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife KATE 6. (c) Age of husband or wife if alive 75 years7. Birth date of deceased OCTOBER 23 1861
(Month) (Day) (Year)8. AGE: Years 77 Months 8 Days 12 If less than one day _____ hr. _____ min.9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation NIL

11. Industry or business _____

12. Name ANTHONY MILLER13. Birthplace GERMANY
(City, town, or county) (State or foreign country)14. Maiden name UNKNOWN UNKNOWN15. Birthplace UNKNOWN UNKNOWN
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Eva Miller(b) Address 6568 Scanlon Av.17. (a) BURIAL (b) Date thereof JUNE 27-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation NEW ST. MARCUS CH18. (a) Signature of funeral director E. J. Scherer(b) Address 125 Lafayette av.19. (a) JULY 26 1939 (b) _____
(Date of local registration) (City or town)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County 1
 (c) City or town ST. LOUIS 13
(If outside city or town limits, write "RURAL")
 (d) Street No. 6568 SCANLON AV.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th
 year 1939 hour 5th minute A. M.21. I hereby certify that I attended the deceased from January 15th, 1939, to June 25 1939; that I last saw him alive on June 24, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of maxilla Indefinite

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Duration

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) (a) Means of injury23. Signature W. W. Wilson M.D. (M. D. or other) M.D.Address 3201 Grand av Date signed 6-26-39

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..... *Jose Bollman*

Licensed Embalmer No. *4014*

P. O. Address. *3125 Lafayette*

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.