

STANDARD CERTIFICATE OF DEATH

State File No. 30721
Registrar's No. 7784

1939 OCT 14 1939

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Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 113
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 55 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31,
year 1939 hour 9 minute 40 P. M.
21. I hereby certify that I attended the deceased from August 31,
1939, 19____, to August 31, 1939
that I last saw him alive on August 31, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Failure
Chronic myocarditis
Due to Atherosclerosis
Due to Senescence
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 930
Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

3. (a) PRINT FULL NAME John Miller 460
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
Sept. 22 1858
(Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Unknown - Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer
Rail Road

11. Industry or business _____
MOTHER FATHER { 12. Name Unknown
13. Birthplace " " (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace " " (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Sullivan
(b) Address 5800 Arsenal St.

17. (a) Removed (b) Date thereof Sept. 9 1939
(Date of removal, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Six Ksville, Mo

18. (a) Signature of funeral director Anglo Medical BOARD
(b) Address St. Louis, Mo

19. (a) SEP 8 1939 (b) J. F. Bredek
(Date received local registration) (Registrar's signature)

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) (Means of injury)
23. Signature E. J. Bredek (M.D. or other)
Address 660 Arsenal St.

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.

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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

Harrison Eaton

Registered Apprentice No.

210

working under my personal supervision.

*City license
#180*

Signed

Raymond E. Scherke

Licensed Embalmer No.

3985

P. O. Address

St Louis, Mo

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.