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10-39
7-39
4-14-42

MAY 15 1940

State File No. _____

Registration District No. 791 I

Primary Registration District No. 1003

Registrar's No. 3834

I. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Frisco Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-14-40
In this community to 4-27-40 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5150a Goethe Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Edward W. Miller 460

3. (b) If veteran, name war None 8. (c) Social Security No. 702-03-9942

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

6. (b) Name of husband or wife Barbara Miller 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Jan. 25th 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 3 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Kaufman Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Chief Clerk

11. Industry or business Frisco R.R.

12. Name Louis E. Miller

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

14. Maiden name Louise Hartman

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Barbara A. Miller

(b) Address 5150a Goethe Ave.

17. (a) Burial (b) Date thereof 4-30-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (a) APR 29 1940 (b) J. B. ...
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1940 hour 9:05 minute A.M.

21. I hereby certify that I attended the deceased from 4-14 1940 to 4-27 1940
that I last saw him alive on 4-27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Chronic Myocarditis

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

(Specify type of place) _____
While at work? (e) Means of injury _____
23. Signature Earl R. Rice (M. D. or other) _____
Address 4960 Franklin Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Reinhold K. Laborn

Licensed Embalmer No. 3395

P. O. Address.....

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.