

JUN 15 1940

791

1003

State File No.

Registrar's No.

4344

Registration District No.

Primary Registration District No.

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

1. 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: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
40 years (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME JOHN MILLER 460
8. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Anna Miller 6. (c) Age of husband or wife if alive 10 years

7. Birth date of deceased May 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Pittsburg Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Proprietor

11. Industry or business Hardware Business

12. Name John Miller Penn.
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Not known
15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Miller
(b) Address 5266 Robin Avenue

17. (a) Burial (b) Date thereof 5.17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue

19. (a) MAY 15 1940 (b) J. J. Oudet
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits write "RURAL")
(d) Street No. 5475 Wren Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5-7-40
_____ 19____ to 5-14 1940
that I last saw him alive on 5-14- 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Prostate, Penney and Bladder Urinary 7 yrs.

Due to _____

Due to _____

Other conditions 51
(Include pregnancy within 3 months of death)

Major findings: Of operations no
Of autopsy no

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 Loak Mellies (M. D. or other) _____
Address 2739 N. Grand Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Thomas Hampton

Licensed Embalmer No. *2967*

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.