

No. 2  
4-13-40  
5-17-39  
I X23185

AUG 25 1940

Registration District No. 791

Primary Registration District No. 1003

State File No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County: \_\_\_\_\_  
(b) City or town: St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital, #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 Days  
(Specify whether  
In this community 50 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: \_\_\_\_\_  
(c) City or town: St. Louis 14  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 6001 Marquette  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1940 hour 8:25 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from July  
14, 1940 to July 22, 1940;  
that I last saw him alive on July 22, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Left Cerebral Hemorrhage & Right Hemiplegia 6 days  
Due to Essential Hypertension and Generalized Arteriosclerosis 10 years  
Due to \_\_\_\_\_

Other conditions Old Left Hemiplegia 3 mos.  
(Include pregnancy within 3 months of death)  
Coronary Recumbent Hypertension  
Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Walter Ford (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date 7/22/40

3. (a) PRINT FULL NAME: Alexander Miller 460  
3. (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: Married

6. (b) Name of husband or wife: Elizabeth  
6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: March 25 1869  
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 27 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation: Clerk, Mo. Pac.

11. Industry or business: Retired 8 years

12. Name: Fred Miller

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

14. Maiden name: Elizabeth Winterby

15. Birthplace: Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant: Elizabeth Miller  
(b) Address: 6001 Marquette

17. (a) Burial (b) Date thereof: 7-24-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Laurel Hill Cem.

18. (a) Signature of funeral director: A. W. McLaughlin

(b) Address: 239 Lafayette  
JUL 22 1940 (Date received local registrar)  
(c) Signature: J. F. Brubaker (Registrar's signature)

**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

*L.R. Cooper*

Licensed Embalmer No.

*3633*

P. O. Address

*2317 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, fact should be so stated above.**