No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40935

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 10706

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Gatesworth Hotel
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----
(Specify whether years, months or days)

In this community about 45 years

2. USUAL RESIDENCE OF DECEASED:

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(a) State Missouri (b) County

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. Gatesworth Hotel
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME EDWARD W. MILLER

3. (b) If veteran, name war no

3. (c) Social Security No. 490-01-9823

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Stella M. Miller

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August (Month) 20 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	4	6	hr. min.

9. Birthplace Greensburg, (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation retired - President

11. Industry or business Chenoweth Dyeing & Clng.Co.

MOTHER FATHER

12. Name John Miller

13. Birthplace --- (City, town, or county) England (State or foreign country)

14. Maiden name M. Schneider

15. Birthplace unknown (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Stella M. Miller

(b) Address Gatesworth Hotel

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/28/40 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) DEC 27 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26, year 1940 hour 9:15 minute P. M.

21. I hereby certify that I attended the deceased from February 14, 1936, 19..., to Dec. 26, 1940, 19...; that I last saw him alive on Dec. 5, 1940, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism,

Due to Chronic interstitial nephritis and apoplexy,

Due to

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

Major findings: ----
Of operations

Of autopsy ----

Duration
Dec. 26, 1940
Feb. 16 1937

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O. E. Rauch M.D. (M.D., D.O., or Coroner)

Address 320 Metropolitan Bldg. Date signed 12/27/40

(Licensed Embalmer's Statement on Reverse Side)

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

Metropolitan Bldg

4475 Forest Pk

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 C. W. M. Berkeley

Licensed Embalmer No. 3653

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.