

44  
S. No. 2  
4-1-4-41  
v. 5-17-39  
X28390

Registration District No. 791

Primary Registration District 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:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days  
(Specify whether \_\_\_\_\_)

In this community Birth  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County C.10

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 917

(d) Street No. 4525 N. Second St.  
(If rural, give location) ?

(e) Citizen of foreign country? No (Yes or No) (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William J. Miller

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 Christine Miller nee Schoeneck (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February 12, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71	2	28	hr.	min.
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9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Miller

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

14. Maiden name Theresa Miller

15. Birthplace At sea  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Christine Miller  
(b) Address 4525 N. Second St.

17. (a) Burial (b) Date thereof 5/13/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

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

19. (a) MAY 12 1941 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10,  
year 1941 hour 4:19 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from May 8,  
1941, 19   to May 10, 1941;  
that I last saw him alive on May 10, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Thrombosis of Right Middle Cerebral Artery  
Essential Hypertension  
Due to \_\_\_\_\_

Generalized Arteriosclerosis  
Due to \_\_\_\_\_

Other conditions Cardiac enlargement & Failure  
(Include pregnancy within 3 months of death)  
arteriosclerotic heart

Major findings: \_\_\_\_\_  
Of operations disease

Of autopsy as above 938

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 0

23. Signature Roger J. Strull (M.D.) 5/10/41  
Address 1515 Lafayette Avenue, Date signed \_\_\_\_\_

Duration

4 days

5 yrs.

10 yrs.

5 days

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.

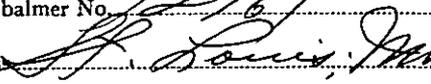
Signed.....



Licensed Embalmer No.....

2967

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, fact should be so stated above.**