

FILLED NOV 24 1941 791

STANDARD CERTIFICATE OF DEATH
1003State File No. 33594
Registrar's No. 8552

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3822 A Folsom Avenue /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Life (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME John Peter Miller3. (b) If veteran, name war no 3. (c) Social Security No. 497-09-3540

4. Sex Male / 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Margaret Walsh Miller 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased Sept. 12 1880
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>61</u> | <u>1</u> | <u>15</u> | hr. _____ min. |

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Elevator Operator11. Industry or business City of St. Louis

MOTHER FATHER
 { 12. Name John Miller
 { 18. Birthplace Dont Know
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Dont Know
 { 15. Birthplace Dont Know
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Miller
(b) Address 3822 A McRee17. (a) Burial (b) Date thereof Oct. 30, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Thomas J. Stuman
(b) Address 1519 South Grand Blvd19. (a) OCT 28 1941 (b) J. J. Brudich
(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. 3822 A McRee
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1941 hour 8 minute 30 - M.21. I hereby certify that I attended the deceased from May 20, 1934, to Oct. 27, 1941;
that I last saw him alive on Oct. 25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 hr.
 Due to Arterio sclerosis
Chronic myo carditis
 Due to Rickets

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

While at work? _____ (Specify type of place) _____ Means of injury 723. Signature W. C. Remington M. D. or other _____
Address 4548 Kettie Dr. Date signed 10/28/41

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 John Hetter
Licensed Embalmer No. 3880

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.