

Registration District No. **754**

Primary Registration District No. **111**

1. PLACE OF DEATH

(a) County **St. Louis**  
(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. Mary's Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 hours**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

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. **5054a Chippewa Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If (yes, name country \_\_\_\_\_)

3. (a) PRINT FULL NAME **Henry W. Miller**

3. (b) If veteran, name war **None**  
3. (c) Social Security No. **494-08-7221**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Anna Miller** 6. (c) Age of husband or wife if alive **64** years  
7. Birth date of deceased **September 15, 1877**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **3** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Jefferson City Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Shoemaker**

11. Industry or business **Shoe Factory**

MOTHER FATHER { 12. Name **Unknown**  
13. Birthplace **"** (City, town, or county) (State or foreign country)  
14. Maiden name **"**  
15. Birthplace **"** (City, town, or county) (State or foreign country)

16. (a) Informant **Herbert H. Miller**

(b) Address **5054a Chippewa, St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **12-29-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **E. Hoffmann & Co.**

(b) Address **7814 S. Broadway, St. Louis, Mo.**

19. **DEC 29 1941** (b) **E. McKewen**  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **25th**  
year **1941** hour **11:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **April 4, 1941**  
19\_\_\_\_ to **Dec 25** 19**41**  
that I last saw him alive on **Dec 25** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**  
Due to **Diabetes Mellitus**  
Due to **Angine Pectoris**

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: **61**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (c) Means of injury \_\_\_\_\_  
23. Signature **H. J. Street** (M. D. or other) **D.**  
Address **Union Club Med** Date signed **Dec 26**

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

FEB 21 1942

Dr. H. I. Spector  
University Club Bldg.  
12:30 ~ 2:30 P. M.

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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.....

*Richard S. Hoffmeister*

Registered Apprentice No. ~~4049~~ 291

working under my personal supervision.

Signed *Edwin H. Leisinger*

Licensed Embalmer No. 4089

P. O. Address *6464 Chippewa*

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.