

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home & Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 80 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Manchester
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martin L. Miller
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January 26
year 1942 hour 8 minute 25 P. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Anna L. Miller
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased: August 27 1855
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1942 to Jan 26 1942
that I last saw him alive on 1-26 and that death occurred on the date and hour stated above.
Immediate cause of death: Bronchial pneumonia Duration _____

8. AGE: Years Months Days If less than one day
86 4 29 hr. min.

Due to Senile Degeneration
Due to _____

9. Birthplace Grantsville / Maryland
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Motorman

Other conditions (Include pregnancy within 3 months of death)
Major findings: 101
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name John Miller
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Davis
15. Birthplace Maryland
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant John J. Garner
(b) Address 108 N. Lockwood, Hilltop, Ill.
17. (a) Burial (b) Date thereof 1-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Picker Cem.
18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.
19. (a) 1-27-42 (b) C. H. M. Garrison
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
Signature C. H. M. Garrison (M. D. or other) Garner
Address 611 Olive, St. Louis Date signed 1-27-42

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

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 Sheldon Collier
Licensed Embalmer No. 3382
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.