

FILED MAR 10 1942

Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 2/17/42  
(Specify whether years, months or days)

In this community since 2/17/42

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 979

(c) City or town Belleville  
(If outside city or town limits, write "RURAL")

(d) Street No. 2003 West "A" Street  
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME Fred George Miller

3. (b) If veteran, name war World war 1918

3. (c) Social Security No. Yes - not remembered

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Alma

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased January 22, 1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>1</u>	<u>5</u>	hr. min.

9. Birthplace Belleville, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Foundry Worker

11. Industry or business Eagle Foundry Company

12. Name William Miller

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

14. Maiden name Caroline Geise

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

16. (a) Informant M. Schellig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo

17. (a) Burial (b) Date thereof Mar 2, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belleville, Ill

18. (a) Signature of funeral director Edw. A. Baldwin

(b) Address Bellingham, Ill

19. (a) FEB 27 1942 (b) J. McParan  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27th,  
year 1942 hour 5:40 minute - A. M.

21. I hereby certify that I attended the deceased from February 17, 1942 to February 27, 1942  
that I last saw him alive on February 27, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerotic heart disease, cardiac enlargement,  
Due to myocardial damage and myocardial insufficiency.

Due to -

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

Major findings:  
Of operations -

Of autopsy No autopsy.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? Yes (Specify type of place)

23. Signature R. W. GOOD, M.D. (M. D. or other)  
Address Acting Chief Medical Officer Date signed 2/27/42

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

76  
C

100

**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.....

*Edgar A. Baldwin*

Licensed Embalmer No. *2846*

P. O. Address. *Bellville, Ill.*

**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.**