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 S. No. 2  
 M-9-4-41  
 v. 5-17-39  
 X29484

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED APR 20 1942

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

8980  
 State File No. 3305  
 Registrar's No.

Registration District No. Primary Registration District No. 1003

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  
 (If not in hospital or institution, write street number or location) 0  
 (d) Length of stay: In hospital or institution Mo. 3 Days  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County.....  
 (c) City or town ST. LOUIS  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4340 So. Main St.  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country D

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

4. Sex MALE 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife UNKNOWN  
 6. (c) Age of husband or wife if alive, years (Day) (Year) 24 1864

8. AGE: Years Months Days If less than one day  
78 2 18 hr. min.

9. Birthplace ST. LOUIS MISSOURI  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation NONE

MOTHER FATHER  
 11. Industry or business.....  
 12. Name CHAS. F. MILLER  
 13. Birthplace UNKNOWN  
 (City, town, or county) (State or foreign country)  
 14. Maiden name THEODORA TELARR  
 15. Birthplace UNKNOWN  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Herman H. Spies  
 (b) Address 4340 So. Main  
 17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/13/1942  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation NEW ST. MARCUS CHUR.  
 18. (a) Signature of funeral director Rubben Benz  
 (b) Address 7842 Mesquite St  
 19. (a) APR 13 1942 (b) J. F. Brudeck  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month April day 11,  
 year 1942 hour 4:25 minute A. M.  
 21. I hereby certify that I attended the deceased from April  
8, 19 42 to April 11, 19 42  
 that I last saw him alive on April 11, 19 42  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death:  
Generalized arteriosclerosis  
arterial calcification  
 Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations.....  
 Of autopsy.....  
 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?  
 (Specify type of place)  
 While at work? (e) Means of injury.....  
 23. Signature Shew on Olenner M. D. or other) 0  
 Address 1515 Lafayette Avenue, Date signed 4/11/42

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

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

*Not Embalmed*

Signed *Laran E. Percy* Per: *J. B. Ben*

Licensed Embalmer No. *4094*

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.**