

FILED JAN 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 252

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

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:  
Deaconess Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5505 Lansdowne Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Enoch K. Miller

3. (b) If veteran, name war None 3. (c) Social Security No. 489-16-4903

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife..... Addie Miller 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased..... Oct. 18th 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>2</u>	<u>23</u>	..... hr. min.

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

10. Usual occupation Foreman Liggett & Myers

11. Industry or business retired 1 Yr.

12. Name David Clark Miller

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

14. Maiden name Martha Kinnemann

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

16. (a) Informant Mrs. Addie Miller

(b) Address 5505 Lansdowne Ave.

17. (a) Burial (b) Date thereof 1-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery Kriegshauser Mortuary

18. (a) Signature of funeral director J. F. Budaack  
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 19 1943 (b) J. F. Budaack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th  
year 1943 hour 2:45 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan 9th  
1943 to Jan 10th 1943

that I last saw him alive on Jan 10 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to.....

Due to Senility

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

Major findings:  
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) (e) Means of injury.....

23. Signature J. F. Budaack (M. D. or other)

Address 6336 Clayton Road Date signed 1/11/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WILLIAMSON  
6336 Clayton Rd.

Ne 5627 or Ne 3444

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 *Richard W Storrson*

Licensed Embalmer No. *4007*

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.