

FILED APR 3 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jewish Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Sam Miller**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Rebecca Miller** 6. (c) Age of husband or wife if alive **(unk)** years
7. Birth date of deceased **(unknown)**
(Month) (Day) (Year)

8. AGE: Years **ab. 68** Months Days If less than one day hr. min.

9. Birthplace **Volhynia Poland** **Russia 6**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retail shoes**

11. Industry or business

MOTHER FATHER { 12. Name **Mordecai Miller**

13. Birthplace **Russia 6**
(City, town, or county) (State or foreign country)

14. Maiden name **Miriam (unk)**

15. Birthplace **Russia 6**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Rebecca Miller**

(b) Address **Marion, Illinois**

17. (a) **burial** (b) Date thereof **3/26/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesed Shel Emeth**

18. (a) Signature of funeral director **Berger Memorial**

(b) Address **4715 McPherson**

19. (a) **MAR 26 1943** (Date received local registrar) **J. F. Brudeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **999**
(c) City or town **Marion** (If outside city or town limits, write "RURAL") **11 NB.**
(d) Street No. (If rural, give location)
Registered Alien
(e) Citizen of foreign country? **2** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **25th**
year **1943** hour **10** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **March 23 43**
to **43** to **19**;
that I last saw him alive on **March 25** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **asthma**
Cardiac Insufficiency

Due to
Due to
Other conditions (include pregnancy within 3 months of death)
112

PHYSICIAN
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

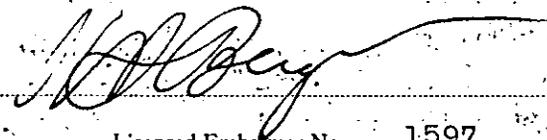
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature **J. F. Brudeck** (M. D. or other)
Address **J. F. Brudeck** Date signed **3/26/43**

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.....



Licensed Embalmer No. 1597

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.