V. S. No. 2
00M—2-43
5-17-39
I X35697

FILED MAY 1 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12514

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4043

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: Bransoomb Hotel / 5370 Pershing (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 17d
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5370 Pershing Ave. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Isaac W. 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 Phebe M. Miller
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Jan. 17 (Month) 1875 (Day) (Year)

8. AGE: Years 68 Months 3 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace Pine Bluff Ark. (City, town, or county) / (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Neckware
FATHER
12. Name Soloman Miller
13. Birthplace New Orleans La. (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Emma Weil
15. Birthplace New Orleans La. (City, town, or county) / (State or foreign country)
16. (a) Informant Chas. J. Miller
(b) Address 5370 Pershing
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-2-43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director N. Rindskopf
(b) Address 6216 Delmar
19. (a) APR 30 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-29-43 day ..... year ..... hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from January 11, 1943 to April 29, 1943 that I last saw him alive on April 27, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Streptococcal Meningeal Septicemia	4 Mos
Due to Subacute Bacterial Endocarditis (Streptococcus	
Due to Meningeal	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature Jerome O. Cook (M. D. or other)
Address 5078 N. Grand Blvd Date signed 4/30/43

(Licensed Embalmer's Statement on Reverse Side)

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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 5216 Delmar

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.