

FILED JUL 8 1943 318

1003

5902

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... 2yr 8mo 11dys  
(Specify whether  
In this community..... 30 yrs  
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. 5800 Arsenal Street  
(If rural, give location)  
(e) Citizen of foreign country?..... No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... Miller, Nick

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

4. Sex..... M  
5. Color or race..... W  
6. (a) Single, widowed, married, divorced..... SO  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive..... 1862 years  
7. Birth date of deceased.....  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 ?? ?? ..hr. ....min.

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

10. Usual occupation..... Junker

11. Industry or business.....

12. Name..... Mike Miller

13. Birthplace..... unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name..... Mary Miller

15. Birthplace..... unknown 9  
D.E. Basso (State or foreign country)

16. (a) Informant.....

(b) Address..... 5800 Arsenal St. St. L., Mo.

17. (a) Funeral home Date thereof..... 5-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a) JUN 28 1943 (b) J.F. Buehner  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... June day..... 14  
year..... 1943 hour..... 7:45 minute..... P. M.

21. I hereby certify that I attended the deceased from.....  
April 1 1943..... June 14 1943  
that I last saw him alive on..... June 14 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Regenerative Heart Disease  
Due to.....  
Arteriosclerosis

Due to.....  
Senility

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..... J. Herrmann (M. D. or other) MD

Address..... City Infirmary Date signed..... 6/14/43

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

MOTHER FATHER

---

**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.....

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.**