

32577

State File No.

Registrar's No. 2056

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis WELLSTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Vincent's Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 2 weeks
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁰⁹⁶
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. St. Vincent's Sanitarium
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. John Miller

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 29, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 12 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Self

12. Name Mr. Anton Miller

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

14. Maiden name Mary Roxlau (Rocklau)

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

16. (a) Informant James G. Zimmerman

(b) Address 7267 Natural Bridge

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 - 13 - 43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Ann's Cemetery

18. (a) Signature of funeral director Cullen + Kelly

(b) Address 7267 Natural Bridge

19. (a) SEP 14 1943 (Date received local registrar) (b) E. B. McHarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1943 hour 3:15 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 27 1943 to Sept. 10 1943 that I last saw him alive on Sept. 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure, Broncho-pneumonia

Due to _____
Due to _____
Other conditions Septicemia, Hypertensive heart disease
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 930
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 W. B. Suttan, M.D. (M. D. or other)
Address St. Vincent's Sanitarium Date signed 9/10/43

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

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Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

SEP 14 1943

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 *Clement M. Neuf*
Licensed Embalmer No. *3732*
P. O. Address *St. Louis*

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.