

FILED JAN 2 1948  
Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 11222

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:  
BARNES HOSPITAL  
(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 ILLINOIS (b) County 11  
 (c) City or town KANDALIA  
(If outside city or town limits, write "RURAL")  
 (d) Street No. R. R. 2  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
If yes, name country 2 (Yes or No)

3. (a) PRINT FULL NAME CLYDE ELBERT MILLER  
 (b) If veteran, name war None  
 (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER, day 18  
 year 1943 hour 11 minute 40 AM.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Edith Miller  
 6. (c) Age of husband or wife if alive About 29 years  
 7. Birth date of deceased: April 12 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from  
NOVEMBER 2 1943 to DECEMBER 18 1943  
 and that I last saw him alive on DECEMBER 18 1943  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: Acute rheumatic myocarditis

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>8</u>	<u>26</u>	.....hr. ....min.

Duration

Due to.....

Due to.....

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.

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

10. Usual occupation Standard Oil Company

11. Industry or business Standard Oil Company

MOTHER FATHER { 12. Name Charles A. Miller  
 13. Birthplace Fayette County Illinois  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Margaret McFarland  
 15. Birthplace Bond County Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Miller  
 (b) Address Collinsville, Illinois

17. (a) Removal (b) Date thereof 12-20-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mulberry Grove, Ill.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.  
 (b) Address 4700 Washington Blvd.

19. (a) DEC 20 1943 (b) J. F. Braddock  
(Date received local registration) (Registrar's signature)

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?.....

(Specify type of place) (e) Means of injury 0

23. Signature F. R. Bradley (M. D. or other).....  
 Address BARNES HOSPITAL Date signed 12-18-43

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**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.....  
.....  
working under my personal supervision.

Signed *John Goroski* Registered Apprentice No. ....  
Licensed Embalmer No. *3398* .....  
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.**