

FILED FEB 27 1948

1003

504

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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: Res-Alexian Bros. 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 Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3933 So. Broadway (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Irwin T. Miller

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16
year 1944 hour _____ minute 4.15 A.

3. (b) If veteran, name war _____

3. (c) Social Security No. 489-05-2609

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

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 _____

7. Birth date of deceased: Jan. 16 1906
(Month) (Day) (Year)

Immediate cause of death _____

Pr. Vegetation Endocarditis

8. AGE: Years 38 Months -- Days 1 If less than one day _____ hr. _____ min.

Due to Causing Mitral Stenosis

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.

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 3

23. Signature Thomas F. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 1-18-44

MOTHER FATHER

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

10. Usual occupation Clerk

11. Industry or business Alexian Bros Hospital

12. Name John Miller

13. Birthplace New Orleans, La. (City, town, or county) (State or foreign country)

14. Maiden name Rose Koeder

15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant C. C. Miller,

(b) Address 3910a Kingsland Court

17. (a) Burial (b) Date thereof Jan. 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Wacker-Bellardi & Co.

(b) Address 3654 Gravois

19. (a) JAN 18 1944 (b) J. F. Budeck
(Date received local registrar's certificate) (Registrar's signature)

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

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..... *Robert Wheeler*

Licensed Embalmer No. *2178*

P. O. Address..... *St Louis Mo*

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.