

No. 2  
-5-42  
5-17-39  
X32873

FILED JAN 20 1944 318

Registration District No. ....

Primary Registration District No. ....

Registrar's No. ....

156

1. PLACE OF DEATH:

(a) County .....

(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Memorial Home, 2609 S. Grand 5  
(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  
17

(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL") 9 11

(d) Street No. 2609 S. Grand Blvd.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Samuel H. 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 Unknown 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct. 9, 1866  
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 27 If less than one day hr. .... min.

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

10. Usual occupation Salesman (retired)

11. Industry or business .....

12. Name Lawrence G. Miller

13. Birthplace Saint Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Geneva H. Fine

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

16. (a) Informant Mrs. S. S. Shaw

(b) Address 2609 S. Grand

17. (a) Burial (b) Date thereof Jan 8 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Cemetery

18. (a) Signature of funeral director Craig Mortuary

(b) Address JAN 7 1944 448 Washington 8.

19. (a) (Date received local registrar) (b) J. F. Burdick (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6<sup>th</sup>  
year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1 1943 to Jan 6 1944  
that I last saw him alive on Jan 6 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Negative Diagnosis - 17  
Gen Oedema 3 days

Due to..... Arterio Sclerosis 3 yrs

Other conditions..... 15  
(Include pregnancy within 3 months of death)

Major findings: 124  
Of operations.....  
Of autopsy.....

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)

While at work?..... (e) Means of injury.....

Signature Amberlyse Todd M.D. (M.D. or other)

Address 3103 Arsenal Date signed 1/7/44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 *Philip M. Brown*

Licensed Embalmer No. 3281

P. O. Address. 4468 Washington Blvd.

**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.**