

FILED JUL 31 1944 318

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003** Registrar's No. **6447**

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:  
**BARNES HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Peter Miller

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

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

6. (b) Name of husband or wife Clara Link Miller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 29, 1866  
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Chief Engineer

11. Industry or business St. Louis Dairy Co.

MOTHER FATHER

12. Name John Miller

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Jules P. Miller

(b) Address #12 Ridgeway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/23/44  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd at Concordia Lane

19. (a) JUL 22 1944 (Date received local registration) J. F. Bradeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town 4619 Virginia 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. St Louis 15  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24  
year 1944 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 14 1944 to July 21 1944  
that I last saw him alive on July 21 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral thrombosis Duration 10 days

Due to \_\_\_\_\_

Due to Hypertensive cardiovascular disease 3 yr  
arteriosclerosis 3 yr  
Other conditions: Diabetes mellitus  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 6/1  
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. F. Bradeck (M. D. or other) \_\_\_\_\_  
Address BARNES HOSPITAL Date signed 7/24/44

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

FEB 4 5 1945

---

---

**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 Howard R. Rowland

Licensed Embalmer No. 3114

P. O. Address Thomas Me

**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.**