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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1944

Registration District No. 37

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 35301

Registrar's No. 2135

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: Vinita Park (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8223 Buchanan (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St Louis

(c) City or town: Vinita Park (If outside city or town limits, write "RURAL")

(d) Street No.: 8223 Buchanan (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ____

3. (a) PRINT FULL NAME: Fred Miller

3. (b) If veteran, name war: ////////////

3. (c) Social Security No. None

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: Anna Miller

6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: Oct 14 1870 (Month) (Day) (Year)

8. AGE: Years: 74 Months: 0 Days: 4 If less than one day: ____ hr. ____ min.

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

10. Usual occupation: retired watchman

11. Industry or business: Studebaker Corp

MOTHER FATHER

12. Name: Miller

13. Birthplace: Do not know (City, town, or county) (State or foreign country)

14. Maiden name: Do not know

15. Birthplace: Do not know (City, town, or county) (State or foreign country)

16. (a) Informant: Joseph Lowery

(b) Address: Vinita Park Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 20 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt Lebanon Cemetery

18. (a) Signature of funeral director: Ortmann Funeral Home

(b) Address: 3222 Lackland Overland Mo

19. (a) OCT 20 1944 (Date received local registrar) (b) E. S. McGavran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct day: 18 year: 1944 hour: ____ minute: 11:50 A.M.

21. I hereby certify that I attended the deceased from May 24, 1944 to Oct. 18, 1944 that I last saw him alive on Oct 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis

Due to: Interstitial nephritis

Due to: 1310

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: ____

Of autopsy: ____

Duration

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): no

(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: ____

23. Signature: A. A. Thomson (M.D. or other)

Address: 3121 N Grand Date signed: ____

(Licensed Embalmer's Statement on Reverse Side)

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 Al C Ostmann

Licensed Embalmer No. 3478

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.