6. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36200

State File No.

FILED NOV 30 1948

Registration District No. Primary Registration District No. 1003 Registrar's No. 9938

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: 6228 Walsh St.
(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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6228 Walsh
(If rural, give location)

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

3. (a) PRINT FULL NAME Albert L V Miller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Hattie C Miller

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 8 (Month) 23 (Day) 1875 (Year)

8. AGE: Years 69 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Junction City (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Realtor

11. Industry or business Arthur S Martin & Son

FATHER 12. Name George Miller

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

MOTHER 14. Maiden name Sophie Hoffmeister

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

16. (a) Informant Mrs Hattie C Miller

(b) Address 6228 Walsh St. Louis, Mo.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 11 (Month) 25 (Day) 44 (Year)

(c) Place: burial or cremation Kansas City Missouri

18. (a) Signature of funeral director C. HOFFMEISTER COLONIAL MORTUARY

(b) Address 6464 Chippewa St. Louis, Mo

19. (a) NOV 22 1944 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22 year 1944 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from March 24, 1944 to Nov 22, 1944 that I last saw him alive on Nov 22, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	1 wk
Due to: arteriosclerosis	5 yrs
Due to: hypertension	5 yrs
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? (Specify type of place)

While at work (e) Means of injury

23. Signature Max Stadtfeld (M. D. or other) MD

Address 512 Dover Pl. Date signed 11/22/44

(Licensed Embalmer's Statement on Reverse Side)

Dr.Starkloff
512 Dover Place
LO 1706
1 to 3
7 to 8:30

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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Kingsbury

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.