

FILED DEC 18 1944

Registration District No. 12

Primary Registration District No. 6076

Registrar's No. 2502

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Des Peres  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Des Peres Road  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Des Peres Mo. 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Des Peres Road  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fred G. 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 Married  
6. (b) Name of husband or wife Ida Miller 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov. 30, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 0 5 hr. min.

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

10. Usual occupation Farming I X G

11. Industry or business Retired

MOTHER FATHER { 12. Name Unknown Miller  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Elsie Zimmerman  
15. Birthplace Germany 11  
(City, town, or county) (State or foreign country)

16. (a) Informant May Penzler  
(b) Address Des Peres Mo.

17. (a) Burial (b) Date thereof 12/8/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) DEC 11 1944 (b) E. J. Matheson M.D.  
(Date received local file) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5  
year 1944 hour 10.15 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 12/1/44  
\_\_\_\_\_, 19\_\_\_\_ to 12/5/44, 19\_\_\_\_  
that I last saw him alive on 12/4/44, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia 6 Mo  
Due to Chr. Endocarditis 5 yrs  
Due to Chr. Cardiomyopathy 5 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 740  
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) 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?

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. J. Matheson M.D. (M. D. or other) M.D.  
Address 2901 Sigmond St. Date signed 12/14/44

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

JUL 30 1948

FEB 3 1947

JUL 27 1948

FEB 5 1947

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 *William Eymck*

Licensed Embalmer No. *284*

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.