

FILED FEB 7 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 871

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Josephine Heitkamp Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 0
In this community. 30+ Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 700 Limit ave.
(If rural, give location)
(e) Citizen of foreign country, alien #1247133 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Harry Miller

3. (b) If veteran, name war. no 3. (c) Social Security No. 494-26-410

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Goldie Miller 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased October 15, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>3</u>	<u>12</u>	hr. min.

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

10. Usual occupation cigarmaker

11. Industry or business

12. Name Unknown

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 Mrs. Goldie Miller

(b) Address 700 Limit ave. U. City

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/29/45
(Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Berger Memorial

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson ave.

19. (a) J. J. Brueck (Date of local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1945 hour 7:15 minute P M.

21. I hereby certify that I attended the deceased from 2-1-42 to 1-27-45 that I last saw him alive on 1-27-45 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis; chronic interstitial obstruction of coronary arteries
Due to 2 days

Due to 1/22
Other conditions (Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

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) (a) Means of injury None
23. Signature Philip Schuck (M. D. or other) Address 1707 S Grand Date signed 1-28-45

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

96
NA 3
15

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..... .....
Licensed Embalmer No. 1597.....
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.