

FILED APR 13 1945

Registration District No.

818

Primary Registration District No.

1003

Registrar's No.

2916

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: CHILDRENS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 DAYS
(Specify whether
In this community 10 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1210 Montclair
(If rural, give location)
(e) Citizen of foreign country? 0 (or No)
If yes, name country

3. (a) PRINT FULL NAME Herman (Israel) 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 SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 24 years (Day) (Year)

7. Birth date of deceased 3 24 1935
(Month) (Day) (Year)

8. AGE: Years 10 Months 0 Days 5
If less than one day hr. min.

9. Birthplace ST. LOUIS MO 0
(City, town, or county) (State or foreign country)

10. Usual occupation SCHOOL BOY

11. Industry or business

12. Name MORRIS MILLER

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

14. Maiden name PAULINE COHEN

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

16. (a) Informant Morris Miller
(b) Address 1210 Montclair

17. (a) BURIAL (b) Date thereof 4 1 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHASD SHOL EMETH Odenhampton

18. (a) Signature of funeral director J. F. Bredeck
(b) Address 1469 W. Washington
19. (a) MAR 31 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 29
year 1945 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from 2-17, 1945, to 3-29, 1945;
that I last saw him alive on 3-29, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death congestive heart failure Duration 2 weeks
Due to acute rheumatic fever 2 yrs

Due to
Other conditions (Include pregnancy within 3 months of death) 58

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause of death which 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: Albert B. Lober (M. D. or other) MD
Address: Children's Hosp Date signed 3-29

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

17
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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 *W. Ken handles*
Licensed Embalmer No. *3669*

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.