

FILED JUL 3 1945  
Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 1646

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Hts.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
(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. 3640 Washington Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Henry A. Miller

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 498-26-1885

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jeanette Miller 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased April 4th 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>2</u>	<u>17</u>	hr. _____ min.

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

10. Usual occupation Night Watchman

11. Industry or business Crane Plumbing Co

MOTHER, FATHER { 12. Name Henry Miller  
13. Birthplace Unknown Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Baker  
15. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jeanette Miller Wife  
(b) Address 3640 Washington

17. (a) Burial (b) Date thereof June 23 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cem.

18. (a) Signature of funeral director Peetz Bros

(b) Address 3029 Lafayette Ave

19. (a) 6-25-45 (b) E. H. McNamee  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st  
year 1945 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from 6-21, 1945 to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on 6-21, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of small bowel  
Due to Volvulus

Due to 122b  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy above

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 \_\_\_\_\_  
Signature Thos W. Martin (M. D. or other) \_\_\_\_\_  
Address 634 W. Grand Date signed 6/21

Duration 24 hrs  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

JUL 23 1945

**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 Francis J. Dwyer

Licensed Embalmer No. 2245

P. O. Address St. Louis 4-2200

**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.**