

FILED AUG 7 1945  
Registration District No. 397

Primary Registration District No. 3063

Registrar's No. 1075

1. PLACE OF DEATH:

(a) County. St. Louis County  
(b) City or town. Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hrs  
(Specify whether  
In this community 35 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis 96  
(c) City or town. Lemay  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1037 Lemay Ferry Rd.  
(If rural, give location)  
(e) Citizen of foreign country Naturalized (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MILLER, Charles

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife Elizabeth Howfan 6. (c) Age of husband or wife if alive 46 known years  
7. Birth date of deceased 12 54  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>4</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation Formerly - Porter

11. Industry or business none

12. Name Charles Miller

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

14. Maiden name Marie Theresa Ballard

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

16. (a) Informant G. A. Sauter - Friend

(b) Address 1037 Lemay Ferry Rd.

17. (a) \_\_\_\_\_ (b) Date thereof May 2/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation public

18. (e) Signature of funeral director W. J. ...

(b) Address 7420 Michigan

19. (a) MAY 7 1945 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29  
year 1945 hour 905 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from April 28, 1945, to April 29, 1945;  
that I last saw him alive on April 28, 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Sialadenitis (parotid) Duration 3 days

Due to \_\_\_\_\_  
Due to 1/5d

Other conditions arteriosclerotic heart disease  
(include pregnancy within 3 months of death)

Major findings: senility, geriatricosis PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

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

Signature Arthur J. ... (M. D. or other) M.D.  
Address St. Louis County Hosp. Date signed 7-29-45

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

**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 V. E. Morris

Licensed Embalmer No. 3360

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.**