

State File No. _____
 Registrar's No. 7370

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3449 Abner Place
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3449 Abner Place
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Frank Miller
 3. (b) If veteran, name war No 3. (c) Social Security No. _____
 4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mary Jane Miller
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 23rd
 year 1945 hour 10 minute 52 PM
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

8. AGE: Years About 78 Months _____ Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death
Coronary Sclerosis
Arterio Sclerosis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace New York
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired

11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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 [Signature] (M. D. or other) _____
 Address [Signature] Date signed [Signature]

16. (a) Informant Mrs. Fred J. Bilermann
 (b) Address 4580 McCausland Ave.
 17. (a) Burial (b) Date thereof Aug. 24, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
 (b) Address 4828 National Bridge Blvd.
 19. (a) AUG 24 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

5-8
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 17
 9

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 John A. McIner.....

Licensed Embalmer No. 4186.....

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.