S. No. 2
0M—2-43
v. 5-17-39
D-1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35642

FILED NOV 19 1945

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9599

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:
5035 Sutherland Ave.
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5035 Sutherland
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis B. 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 married

6. (b) Name of husband or wife Nellie Miller

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased 1912 (Month) 22 (Day) 1874 (Year)

8. AGE: Years 70 | Months 10 | Days 12 | If less than one day hr. min.

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

10. Usual occupation Dept. Mgr.

11. Industry or business Rice-Stix D.G. Co

FATHER
12. Name Louis G. C. Miller
13. Birthplace (City, town, or county) Md. (State or foreign country)

MOTHER
14. Maiden name Emma Spellbrink
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Nellie Miller
(b) Address 5035 Sutherland

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) NOV 6 1945 (Date received by registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4 year 1945 hour ~~1-5~~ 7 10 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Thrombosis
Due to
Due to
94
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature (M. D. or other)
Address Date signed 11/8/45

(Licensed Embalmer's Statement on Reverse Side)

Coroner

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 Warren A. Carver

Licensed Embalmer No. 3534

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.