

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

REGISTRATION DISTRICT NO. 101948  
BUREAU OF THE CENSUS  
FILED MAY 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15014  
Registrar's No. 4020

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:  
Stone Nursing Home 4373 W Pine Blvd  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Weeks  
(Specify whether  
In this community 60 YEARS  
years, months or days)

3. (a) PRINT FULL NAME Albert H 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 Louise Miller  
6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased January 4 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 3 26 hr. min.

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

10. Usual occupation Clerk - Retired

11. Industry or business Self

MOTHER FATHER

12. Name Bernhardt Mueller

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

14. Maiden name Unknown\* Bertha Haasenretter

15. Birthplace Unknown\* Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Miller

(b) Address 4551 Arco

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem

18. (a) Signature of funeral director Calvin F Feutz Funeral Home  
(b) Address 4828 Nat. Bridge Blvd

19. (a) MAY 2 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4531 Washington Blvd  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30  
year 1946 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Nov. 7, 1940 to April 30, 1946  
that I last saw him alive on April 30, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 5 days  
Hypertension 6 yrs.

Due to.....  
Due to.....  
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?

23. Signature [Signature] (M. D. or D. O.)  
Address 508 N. Grand Blvd. Date signed May 2 1946

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

15014

1-3 PMM  
11227606168 AMM

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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 John A. Malinin  
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.**