

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis Co.
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Pronounced dead at City Hospital 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community Unk years, months or days)

3. (a) PRINT FULL NAME Harry Miller
 3. (b) If veteran, name war Unk 3. (c) Social Security No. Unk

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Unk
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... (Month) (Day) (Year) Unk

8. AGE: abt 70 Years Months Days If less than one day
Unknown hr. 9 min.

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

10. Usual occupation Unk

11. Industry or business.....

MOTHER FATHER

12. Name Unk

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

14. Maiden name Unk

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

16. (a) Informant M. B. Seligsohn

(b) Address 5030 Maple

17. (a) Burial (b) Date thereof 4/22/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Chesed Shel Emeth

18. (a) Signature of funeral director. Berger Memorial

(b) Address 4715 McPherson Ave.

19. (a) APR 21 1946 (b) A. J. Brudick
(Date received local health officer) (Registrar's signature)

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. 1809 Franklin St. (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 19
 year 1946 hour 6 minute 30 P. 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.....
Coronary Arteriosclerosis
Coronary Sclerosis
 Due to.....
 Due to.....

Other conditions:..... (Include pregnancy within 3 months of death)
 Major findings:.....
 Of operations.....
 Of autopsy.....

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)
 (c) Means of injury.....
 23. Signature Alfred J. Perry (M. D. or other)
 Address Deputy Coroner Date signed 4-20-46

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

10000

oop
2/17
9

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

Quiro J. Rudwig

.....
Licensed Embalmer No. 4529

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.