

18718

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED MAY 17 1946  
318

1003

4145

Registration District No.

Primary Registration District No.

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.....*De Paul Hospital*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT  
FULL NAME

*George H. Miller*

3. (b) If veteran,  
name war.....

3. (c) Social Security  
No.....

4. Sex *Male* ☒ race *W*

5. Color or  
race *W*

6. (a) Single, widowed, married,  
divorced *W* ☒ *2*

6. (b) Name of husband or wife  
*Marguerite Miller*

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

7. Birth date of deceased *August*  
(Month)

*15* *1867*  
(Day) (Year)

8. AGE:

Years *78*

Months *9*

Days *21*

If less than one day

hr. min.

9. Birthplace *St. Louis*  
(City, town, or county)

*Missouri* ☒  
(State or foreign country)

10. Usual occupation *None*

11. Industry or business

12. Name *George Mueller*

13. Birthplace *Frankfurt*  
(City, town, or county)

*Germany* ☒  
(State or foreign country)

14. Maiden name *Elizabeth Rethweln*

15. Birthplace.....  
(City, town, or county)

*Germany* ☒  
(State or foreign country)

16. (a) Informant *Ray Miller*

(b) Address *7708 Veinna*

17. (a) *Burial*  
(Burial, cremation, or removal)

(b) Date thereof *5-8-46*  
(Month) (Day) (Year)

(c) Place: burial or cremation *Calvary Cemetery*

18. (a) Signature of funeral director *Orthmann Funeral Home*

(b) Address *9222 Hickland, Overland Mo*

19. (a) *MAY 7 1946*  
(Date received local registrar)

(b) *J. J. Bredecke*  
(Registrar's signature)

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. *5822 Ridge*  
(If rural, give location)  
(e) Citizen of foreign country? *No* (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* day *6*  
year *1946* hour *12* minute *45* M.

21. I hereby certify that I attended the deceased from *April 21*  
1946 to *6 May* 1946  
that I last saw him alive on *6 May* 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death

*Myocarditis chronic  
& acute heart failure*

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations ☒

Of autopsy ☒

Duration

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?

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

23. Signature *John J. Shaner* (M. D. or other)

Address *607 N. Grand Blvd* Date signed *5/7/46*

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....

*Al C. Ortman*

Licensed Embalmer No. *3478*

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.**