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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31307

FILED SEP 24 1946

State File No.

Registration District No. 317 Primary Registration District No. 3068 Registrar's No. 1900

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nurseing Home 4
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town University City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6600 Bartmer Ave., 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHALRES MILLER

3. (b) If veteran, name war No

3. (c) Social Security No. NONe

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife

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

7. Birth date of deceased April 11.1863. (Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 1 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name ? Miller
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unkown
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Baul Adm.,
(b) Address 6600 Bartmer Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14/46. (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CEM.,

18. (a) Signature of funeral director Jos. W, Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) 9-14-46 (Date received local registrar) (b) Ruth J. Allen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1946 hour 10.15 minute P.M. M.

21. I hereby certify that I attended the deceased from Sept. 10, 1946 to Sept. 12, 1946
that I last saw him alive on Sept. 12, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Senility
Due to Arteriosclerosis
Ch. Nephritis
Due to 131 AL

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

23. Signature J A Sterling MD (M. D. ~~or other~~)
Address 7266 Manchester Date signed 9-13-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. John A. Sterling
7266 Manchester Ave.,
HI. 4885 2-4 P.M.

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.