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-17-39
X36671

FILED JAN 31 1947
Registration District No. 317

Primary Registration District No. 2002

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7504 TRENTON AVE. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life years, months or days

3. (a) PRINT FULL NAME ERVIN G. 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 EVELYN MILLER

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased AUGUST 27 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 4 3 hr. min.

9. Birthplace St. Louis, Missouri 1
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business OIL

MOTHER FATHER { 12. Name FERDINAND MILLER

13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

14. Maiden name HANNAH LANG

15. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. EVELYN MILLER city

(b) Address 7504 TRENTON - UNIVERSITY No.

17. (a) BURIAL (b) Date thereof JAN 3 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEMETERY

18. (a) Signature of funeral director CALVIN F. FEUTZ

(b) Address 4828 Natural Bridge Bl.

19. (a) 1-4-47 (b) Ruth Allen MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town UNIVERSITY CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7504 TRENTON AVE 5
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 30th
year 1946 hour 4:05 minute P. M.

21. I hereby certify that I attended the deceased from Dec 31 to Dec 30 1946
that I last saw him alive on Dec 30 1946
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac failure Duration 36 hours

Due to chronic degenerative heart disease

Other conditions coronary sclerosis 9 pp

(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy _____

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 J. P. Franigan (M. D. or other) M.D.

Address 539 n grand Date signed Jan 14

JAN 20 10 AM '19

122
= 2
9-12-28
J.R. GIBBS

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. Melnar*

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.