. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 11294

FILED APR 14 1947

Registration District No. 518

Primary Registration District No. 1003

Registrar's No. 3556

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

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: FIRMIN DESLOGE HOSP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WKS. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County — 000

(c) City or town ST. LOUIS. 1917
(If outside city or town limits, write "RURAL")

(d) Street No. 4224 MARYLAND 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Miller, Harold

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 ALMA

6. (c) Age of ~~husband~~ or wife if alive 36 years

7. Birth date of deceased JULY (Month) 23 (Day) 1909 (Year)

8. AGE: Years 37 Months 8 Days 9 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business FARMING.

FATHER
12. Name THOMAS MILLER
13. Birthplace UNKOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ALICE SMITH
15. Birthplace UNKOWN (City, town, or county) (State or foreign country)

16. (a) Informant MRS ALMA MILLER
(b) Address AMERICAN HOTAL, ST LOUIS Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation FARMINGTON Mo.

18. (a) Signature of funeral director ROWLAND MORT. SER.
(b) Address 4355 WASHINGTON AV.

19. (a) APR 3 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1947 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 3, 1947, to April 2, 1947; that I last saw him alive on 4-1-, 1947; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death left lower lobe, right lower & middle lobe lobar pneumonia. | 2 Days |
| Due to | |
| Due to | |
| Other conditions Parkinsonian syndrome (Include pregnancy within 3 months of death) | 6 yrs. |

Major findings:
Of operations Premature cortical excision
Of autopsy as above.

PHYSICIAN

Underline the cause of 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 0

23. Signature Gerard I. Ulrich (M. D. or other) MD

Address 1325 So. Grand Blvd. Date signed 4-2-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JUL 1 1947

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 Ronald Yahnke

Licensed Embalmer No. 3917

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.**