

FILED JUN 14 1947

318

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4948 Osage 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 _____
years, months or days

3. (a) PRINT FULL NAME Albert George Miller
 3. (b) If veteran, name war NO 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 Beata Balge 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Oct 28 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 7 8 6 hr. PM min.

9. Birthplace St. Clair Co. Illinois
(City, town, or county) (State or foreign country)
 10. Usual occupation Hauling contractor

11. Industry or business _____
 12. Name Louis Miller
 13. Birthplace St. Clair Co. Ill.
(City, town, or county) (State or foreign country)
 14. Maiden name Louise Paul Miller
 15. Birthplace St. Clair Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Malcolm Miller
 (b) Address 4948 Osage St St. Louis Mo
 17. (a) Removal (b) Date thereof 6-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Smithton Ill
 18. (a) Signature of funeral director Jos. P. Bux
 (b) Address Ballerich St
 19. (a) JUN 7 1947 (b) J. F. Bredeck
(Date received local registrar) (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. 4948 Osage St
13 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
 year 1947 hour 6 minute _____ P. M.
 21. I hereby certify that I attended the deceased from June
 _____, 1947 to June 5, 1947
 that I last saw him alive on 6-5-, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension

 Due to _____
 Due to _____

Other conditions Chronic Endo Myocarditis
(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?

(Specify type of place)
 While at work? _____ (e) Means of injury 1
 23. Signature J. S. Shultz (Date signed) 6-5-47
 Address 2549 S. Thurgood

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1 11951

6795

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 me.....
....., Registered Apprentice No.
working under my personal supervision.

Signed Ben. H. Baldwin
Licensed Embalmer No. 2420
P. O. Address St. Louis, Ill.

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, above space should be left blank.