S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32811

Registrar's No. 9013

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: ST JOHNS HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 WEEK (Specify whether
In this community 24 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST LOUIS 96
(c) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL") 7
(d) Street No. 463 FLORENCE (If rural, give location) 4
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME CHARLES IRVING MILLER

3. (b) If veteran, name war NONE

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased APRIL (Month) 29 (Day) 1884 (Year)

8. AGE: Years 63 Months 4 Days 28 If less than one day hr. min.

9. Birthplace BOURBON (City, town, or county) INDIANA (State or foreign country)

10. Usual occupation BLDG SUPT

11. Industry or business BELL TELEPHONE Co.

FATHER
12. Name WILSON MILLER
13. Birthplace UNKNOWN (City, town, or county) INDIANA (State or foreign country)

MOTHER
14. Maiden name MARY LEEDY
15. Birthplace UNKNOWN (City, town, or county) INDIANA (State or foreign country)

16. (a) Informant Elizabeth J. Logan
(b) Address 1315 Rosemary Lane, Columbia, Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Silver Lake Indiana

18. (a) Signature of funeral director Parker Und Co
(b) Address Webster Groves Mo

19. (a) SEP 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9/27 day
year 1947 hour 3:40 minute A M.

21. I hereby certify that I attended the deceased from 6/9 1947, to 9/27 1947;
that I last saw h. alive on 9 26/47 9 P.M. 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis, massive	1 week
Due to: Generalized Arterio Sclerosis	yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

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

23. Signature John King M.D. (M. D. or other)
Address 641 E Big Bend Rd Webster Groves, Mo. Date signed 9/27/47

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

OCT 8 1948

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.