

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 4 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 9084

Registration District No. 318 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: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 10907 Riverview DR 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLAUDE D. MILLER
(b) If veteran, name war No
(c) Social Security No. 331-09-0455

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Lucille Miller
6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased Sept 2 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 0 19 hr. _____ min.

9. Birthplace Moline Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation bar tender

MOTHER FATHER

11. Industry or business _____
12. Name George Miller
13. Birthplace Port Byron Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Julia Hendricks
15. Birthplace Belgium
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Montgomery
(b) Address 1428 4th Ave., Moline, Ill.

17. (a) Removal (b) Date thereof 9-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moline, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 22 1947 (b) J. J. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1947 hour 2 minute 05 A.M.
21. I hereby certify that I attended the deceased from Sept 19
19 17 to Sept 21, 19 47
that I last saw him alive on Sept 21, 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 3 days
Due to _____
Due to _____

Other conditions 9H
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Same
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? _____

While at work _____ (Specify time of place)
(e) Means of injury _____
23. Signature Joseph E. Welden M.D. (M. D. or other)
Address 58 Look City Hosp. Date signed 9-21-47

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

1985

[Handwritten signature]

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.....

Henry M. Brammer

Licensed Embalmer No.....

P. O. Address.....

4200

St. Louis

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.