S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36074

FILED NOV 3 1947

State File No. .....

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9694

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: 821 Academy 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 200
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 821 Academy Ave 9
(If rural, give location)
12 8
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME John S. Miller
3. (b) If veteran, name war World War #1
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 Irene
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased May (Month) 24th (Day) 1897 (Year)

8. AGE: Years 50 Months 4 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Syria (City, town, or county) (State or foreign country)
10. Usual occupation Tavern Proprietor
11. Industry or business .....
FATHER
12. Name Oliver Miller
13. Birthplace Syria (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unkown
15. Birthplace Syria (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Irene Miller
(b) Address 821 Academy Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem
18. (a) Signature of funeral director L. Mullen Und Co.
(b) Address 5165 Delmar Bl.
19. (a) OCT 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18th
year 1947 hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from June, 1947 to Oct 18, 1947
that I last saw him alive on Oct 17, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary thrombosis	1 hr
Due to Chr coronary heart disease	4 mos
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 Oliver Miller (M. D. or other)
Address 4952 Maryland Date signed 10-20-47

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

Mr. Abel Jr.
49 - Maryland

JAN 15 1954

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address 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.