. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 31 1947
Registration District No. 17

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 43840
Registrar's No. 2665

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 4 days (Specify whether
In this community 1 month - 4 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Genevieve 95
(c) City or town Bloomsdale (If outside city or town limits, write "RURAL")
(d) Street No. - (If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME MILLER, Phillip C.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased October (Month) 3 (Day) 1888 (Year)

8. AGE: Years 59 Months 2 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Weingarten, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business -
FATHER
12. Name Henry Miller,
13. Birthplace Weingarten (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Elizabeth Walk
15. Birthplace Weingarten (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Registrar
(b) Address VA Hosp. Jeff. Brks. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bloomsdale, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington, St. Louis, Mo.
19. (a) 12-24-47 (Date received local registrar) (b) Cecil C. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 year 1947 hour 8:50 minute A. M.

21. I hereby certify that I attended the deceased from November 18, 1947 to December 22, 1947 that I last saw him alive on December 22, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death PORTAL PHLEBOTHROMBOSIS WITH SEGMENTAL INFARCTION OF ILEUM.	Unk
Due to PORTAL PHLEBOSCLEROSIS	Um
Due to CIRRHOSIS OF LIVER	Unk
Other conditions (Include pregnancy within 3 months of death)	

124

Major findings:
Of operations
Of autopsy Autopsy performed (See cause of death)

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) None
(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 L.E. Stilwell (M. D. ~~or other~~)
Address Jefferson Barracks, Mo. Date signed 12/22/47

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

MAY 25 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 Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address .....

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.