No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

Registration District No. 3470

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3570

State File No. 34222

Registrar's No. 222

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 810 Edgar Rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: St Louis 96
(c) City or town: Webster Groves 7
(If outside city or town limits, write "RURAL") 4
(d) Street No.: 810 Edgar
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Adolph Charles Miller
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: M O
5. Color or race: W
6. (a) Single, widowed, married, divorced: W 2
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Nov (Month) 18 (Day) 1869 (Year)
8. AGE: Years 78 Months 2 Days 4 If less than one day ..... hr. ..... min.
9. Birthplace: E. St Louis (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: At Home
11. Industry or business .....
FATHER 12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Walter Miller
(b) Address: 810 Edgar
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/24/48 (Month) (Day) (Year)
(c) Place: burial or cremation: New St Marcus Cemetery
18. (a) Signature of funeral director: J L Ziegenhein & Sons
(b) Address: 7027 Gravois
19. (a) 1-24-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22 year 1948 hour 4 minute a M.
21. I hereby certify that I attended the deceased from Nov 15 19 47 to Jan 22 19 48 that I last saw him alive on Jan 22 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 hours
Due to: Arteriosclerosis	
Due to: 93 d	
Other conditions: Arteriosclerotic heart disease (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: B. J. McGinnis (M. D. or other)
Address: 3608 S. Grand Date signed: 1-23-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 11 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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.