

S. No. 2
1-1/47
5-17-39

National Office of Vital Statistics

State File No.

FILED MAR 23 1948

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2439**

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **3000a No. Newstead**
(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.....

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **3000a No. Newstead Ave.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **WILLIAM E. MILLER**

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex **male** race **white**

5. Color or race.....

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

6. (b) Name of husband or wife **Lulu Miller**

6. (c) Age of husband or wife if alive, **dead**; years

7. Birth date of deceased **May 17th 1874**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **10th**
year **1948** hour **1:55** A.M. minute..... M.

21. I hereby certify that I attended the deceased from **9/13 1946** to **Mar 9 1948**
that I last saw him alive on **Mar 9 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chronic Myocarditis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
73	9	23hr.....min.

Physician

Underline the cause of which death should be charged statistically.

9. Birthplace **Clay County, Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business.....

12. Name **David Miller**

13. Birthplace **Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Jane Kinovan**

15. Birthplace **Ill.**
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant **Mr. Homer Miller - Son**

(b) Address **3000a No. Newstead**

17. (a) **burial** (b) Date thereof **3-13-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Sullivan Brothers**

(b) Address **2849 No. Euclid Ave.**

19. (a) **Mar 11 1948** (b) **J. F. Braddock**
(Date received local registration) (Registrar's signature)

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 name of place)

While at work..... Means of injury.....

23. Signature **Kenneth Kelly** (D. or other).....
Address..... Date signed **3/11/48**

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

Dr. Harry Meyer

Roosevelt Hotel, Fo. 2000

Room 322, 8⁰⁰ to 9⁰⁰ Thurs Am

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

Robert L. Brinkman

Licensed Embalmer No. 3553

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.