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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 13 1948
Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24952
Registrar's No. 1860

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Berkeley
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Garfield Avenue, 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 Life _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Fred J. Miller

3. (b) If veteran, name war --- 3. (c) Social Security No. 489-14-0922

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Regina Miller 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased August 19 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Baden Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer of Grain Elevator

11. Industry or business Grain Elevator

12. Name John Miller

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

14. Maiden name Katherine McGrath
(City, town, or county) (State or foreign country)

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

16. (a) Informant Regina Miller

(b) Address Berkeley, Missouri

17. (a) Burial (b) Date thereof 8/4/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cemetery

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Missouri

19. (a) 8-3-48 (b) Beulah Sharpe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Berkeley
(If outside city or town limits, write "RURAL")
(d) Street No. Box 66 Garfield Avenue.
(If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1
year 1948 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7-22-48 to 8-1-48
that I last saw him alive on 8-1-48
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 3 months
Due to str. sup. corditis 1948.

Due to 93d
Other conditions ---
(Include pregnancy within 3 months of death)

Major findings: Of operations none Of autopsy none
PHYSICIAN
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 type of place) (e) Means of injury ---

Signature Ray Johnson (M. D. or other) Address Ferguson Mo Date signed 8/2/48

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 *L. M. White*

Licensed Embalmer No. *2973*

P. O. Address *Herron, Va*

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.