

No. 300
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5-17-39
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35019
State File No. _____
Registrar's No. 2529

FILED NOV 9 1948
Registration District No. 377

Primary Registration District No. 2-0-70-3070

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

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:
501 Bacon St
(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)

3. (a) PRINT FULL NAME ALEXANDER M. MILLER.

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

3. (c) Social Security No. *****

4. Sex Male 5. Color or race W.

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb, 10 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 10 0 hr. min.

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

10. Usual occupation Retired book salesman

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Various people

(b) Address _____

17. (a) Burial (b) Date thereof 11/3/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Sinai

18. (a) Signature of funeral director Mayer

(b) Address 1356 Linden Blvd

19. (a) 11-3-48 (b) Carl A. Keller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County St. Louis

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

(d) Street No. 5848 Ridge
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1948 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 28, 1948, to Nov. 1, 1948
that I last saw him alive on Oct. 31, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 10 min.

Due to arteriosclerosis, generalized years

Due to 94a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature Max Franklin (M. D. or other) _____

Address 624 N. Grand Date signed 11/1/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Ray W. Wilkinson*

Licensed Embalmer No. *3575*

P. O. Address *St. Louis Mo*

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.