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

#39962

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100

State File No. 38452

Registrar's No. 10082

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community

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. 1804 Texas Ave.
Memorial (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN W. MILLER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Late Rose M.

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

7. Birth date of deceased Nov. (Month) 11 (Day) 1870 (Year)

8. AGE: Years 78 Months 0 Days 8 If less than one day hr. min.

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

10. Usual occupation Motorman (Retired 8 Yrs.)

11. Industry or business

MOTHER FATHER

12. Name Peter Miller

13. Birthplace (City, town, or county) U.S.A. (State or foreign country)

14. Maiden name Ena Emerich

15. Birthplace (City, town, or county) U.S.A. (State or foreign country)

16. (a) Informant Elmer Miller

(b) Address 1804 Texas Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-22-48 (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 22 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th year 1948 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from 10/22/48, 19, to Nov. 19th, 19 48 that I last saw him alive on Nov. 19th, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure — Arteriosclerotic Heart Disease

Due to

Due to

Other conditions Left Lower Lobar Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Autopsy refused —

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James H. Hutchison (M. D. or other)

Address 515 Lafayette Date signed 11/19/48

(Licensed Embalmer's Statement on Reverse Side)

10082

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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 Edwin D McDermott

Licensed Embalmer No. 3024

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.