

No. 300
1-10-47
5-17-39
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FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41680
State File No. _____
Registrar's No. 10632

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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: 3852a Wyoming
(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 Edward P. Miller

3. (b) If veteran, name war None 3. (c) Social Security No. 493-01-4518

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

6. (b) Name of husband or wife Katherine Miller 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased November 24, 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 10 If less than one day
hr. _____ min. _____

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

10. Usual occupation Retired 7 Yrs Painter

11. Industry or business _____

12. Name Louis Miller

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

14. Maiden name Caroline Klein

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

16. (a) Informant Mrs. Katherine Klein

(b) Address 3852a Wyoming

17. (a) Burial (b) Date thereof 12-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

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

(b) Address 6322 S. Grand Blvd.

19. (a) DEC 8 1948 (b) J.B. Lasater
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3852a Wyoming
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th
year 1948 hour 6:25 minute P. M.

21. I hereby certify that I attended the deceased from 9/10/1947 to 12/4/1948
that I last saw him alive on 12-4-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration 2 hours

Due to arteriosclerotic heart disease 24 years

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 _____

23. Signature Sup. A. Seib (M. D. or other) MD

Address 2323 Lafayette Date signed 12/9/48

DR. GEO. A. SEIB
2323 LAFAYETTE
PR. 2323

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

J. W. Bentley

Licensed Embalmer No. *3653*
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.