No. 300
10-48

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35543

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2525

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton Mo.
c. LENGTH OF STAY (In this place) 10yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Res. 7406 Buckingham Dr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 44 Clayton Mo. 4442
d. STREET ADDRESS (If rural, give location) 7406 Buckingham Dr. 0

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) E. c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1950

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 3, 1867
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hatter
10b. KIND OF BUSINESS OR INDUSTRY Ben Miller Hat Co.
11. BIRTHPLACE (State or foreign country) St. Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ben Miller
13b. MOTHER'S MAIDEN NAME Amelia Crumpe
14. NAME OF HUSBAND OR WIFE Antoinette Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. ~~Yes~~ unk
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs 7 Antoinette Miller 7406 Buckingham

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic Coronary Type Myocarditis	10 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Arteriosclerosis	10 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility	1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 21, 1944, *to* October 19, 1950, *that I last saw the deceased alive on* Oct 16, 1950, *and that death occurred at* 5:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE P. S. Wenzel M.D. (Degree or title)
23b. ADDRESS 4 Hor Mo Taylor
23c. DATE SIGNED 10/19/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 21, 1950
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. 10-19-50
REGISTRAR'S SIGNATURE H R Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 6175 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Jos. E McCullah

Licensed Embalmer No. 2460

P. O. Address 6170 Delm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.