DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33927

REC'D NOV 13 1939 791

Registration District No. 1003

Primary Registration District No.

Registrar's No. 8465

1. PLACE OF DEATH:

(a) County St. Louisl 1

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

(c) Name of hospital or institution: City Infirmary Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution November 1, 1915 (Specify whether
In this community 38 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri. (b) County ~~St. Louis~~. 13

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

(d) Street No. 5800 Arsenal St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Germany. years.

3. (a) PRINT FULL NAME Louis Miller. 463

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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 January (Month) 1, (Day) 1858 (Year)

8. AGE: Years 81 Months 8 Days 19 If less than one day hr. min.

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

10. Usual occupation Baker.

11. Industry or business x 6

FATHER
12. Name Ludwig Miller 1
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sophia Walter
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. Molony
(b) Address 5800 Arsenal St.

17. (a) (Burial, cremation, or removal) (b) Date thereof 9-28-39 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W. Rutter
(b) Address 3500 Rutger

19. (a) OCT 3 1939 (Date received local registrar) (b) J. F. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20, year 1939. hour 5:45 minute a. M.

21. I hereby certify that I attended the deceased from November 1, 1939 to September 20, 1939 that I last saw him alive on September 20, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	
Due to Chronic myocarditis	
Due to Generalized Arteriosclerosis	
Other conditions Lues. (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. J. Bell (M. D. or other)
Address 5600 Arsenal Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.