

SEP 25 1940
Registration District No. 91

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos 4 das
(Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County.....
(c) City or town St Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 1022 a N 16th
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME Thomas Miller H65
3. (b) If veteran, name war.....
3. (c) Social Security No. NONE

4. Sex Male 5. Color or race Colored
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Annie Miller
6. (c) Age of husband or wife if alive 3 years
7. Birth date of deceased 4 - 3 - 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 18 If less than one day
hr. min.

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

10. Usual occupation laborer

11. Industry or business none

MOTHER FATHER
12. Name Charles Miller
13. Birthplace unknown Mo
(City, town, or county) (State or foreign country)
14. Maiden name Victoria unknown
15. Birthplace unknown Mo
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anna Bell Pugh
(b) Address 1022 N 22nd St

17. (a) Burial (b) Date thereof 8-25-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 S. Weber Ave

19. (a) AUG 24 1940 (b) J. B. ...
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1940 hour 2:05 minute P M.

21. I hereby certify that I attended the deceased from April 17, 1940, to August 21, 1940
that I last saw him alive on August 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis c
dementia Duration Indef

Due to.....
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 H. J. Erwin (M. D. or other)
Address 2600 Whittier Date signed.....

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, ~~and by~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

J. J. Watson

Licensed Embalmer No. *2698*

P. O. Address

2769 Christie

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, above space should be left blank.