

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 11 1943

Registration District No. 787

Primary Registration District No. 114

Registrar's No. 339

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town SHREWSBURY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
4103 SHREWSBURY AV.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town SHREWSBURY  
(If outside city or town limits, write "RURAL")

(d) Street No. 4103 SHREWSBURY, MO.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUIS E. MILLER

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Feb day 8 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 23 to Feb 8 43.

that I last saw him alive on Feb 6 43 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife LOUISE W. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 23 - 1863  
(Month) (Day) (Year)

Due to Cerebral hemorrhage

Due to Renal disease

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 1310

8. AGE: Years Months Days If less than one day

79 3 16 hr. min.

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

10. Usual occupation RENT COLLECTOR (RETIRED)

11. Industry or business MISSISSIPPI VALLEY TRUST

12. Name ANDREW MILLER

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

14. Maiden name VICTORIA RITTER

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

16. (a) Informant CLAY L. MILLER (SON)

(b) Address 4103 SHREWSBURY AV.

17. (a) BURIAL (b) Date thereof FEB - 11 - 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY Cem.

18. (a) Signature of funeral director M. J. Craghan

(b) Address 7146 Manchester

19. (a) \_\_\_\_\_ (b) C. H. McManis  
(to be filled by local registrar) (Registrar's signature)

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 W. F. Craghan (M. D. or other) \_\_\_\_\_

Address W. F. Craghan, St. Louis, Mo. Date signed 2/10/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

96  
15  
0

2

FEB 10 1943

**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.....

*G. W. Wilkins*

Licensed Embalmer No.....

3575

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.**