

S. No. 2
 DOM-2
 ev. 5-17-59
 I X35697

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29360

SEP 11 1943

State File No. _____
 Registrar's No. ~~4281~~ 1998

Registration District No. ~~304~~

Primary Registration District No. 306.7

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Ladue
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
#2 Fordyce Lane
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Lifetime (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis
 (c) City or town Ladue
(If outside city or town limits, write "RURAL")
 (d) Street No. #2 Fordyce Lane
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joseph G. Miller
 (b) If veteran, name war None (c) Social Security No. 496-18-7849

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day Thursday⁽²⁾
 year 1943 hour _____ minute _____ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 (b) Name of husband or wife Caroline A. Miller (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 11 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 27, 1932, to Sept 2, 1943
 that I last saw him alive on Sept 1, 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

8. AGE: Years Months Days If less than one day
84 3 21 _____ hr. _____ min.

Due to Arterio Sclerosis
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations 97
 Of autopsy _____

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

10. Usual occupation Civil Engineer

11. Industry or business Self

12. Name Joseph G. Miller
 13. Birthplace Lebanon Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Adele Shirmer
 15. (Birthplace Galena Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Hatch
 (b) Address #2 Fordyce Lane

17. (a) Burial (b) Date thereof Sept. 4, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Wagoner Und. Co.
 (b) Address 3621 Olive St.

19. (a) SEP 4 - 1943 (b) E. D. Mc. Harraw
(Date received 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 _____
 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) Means of injury _____

23. Signature Carl R. Kelly (M. D. or other) _____
 Address 1000 Olive St. St. Louis Date signed 9/13/43

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

1 01944

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 *Nevelle B. Frohwitter*
Licensed Embalmer No. *3696*
P. O. Address *3621 Olive St*

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.