. S. No. 2
OOM—2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30216

State File No.

FILED OCT 13 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8773

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

1. PLACE OF DEATH:

(a) County

(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:
2820 A Pennsylvania Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2820 A PENNSYLVANIA.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES MILLER.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 72

6. (b) Name of husband or wife Josephine Miller

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 22 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
74		2	10	hr. min.

9. Birthplace St Louis Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired Painter

11. Industry or business

FATHER
12. Name Joseph Miller
13. Birthplace Europe (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Magdeline Gander
15. Birthplace France (City, town, or county) 5 (State or foreign country)

16. (a) Informant Josephine Miller
(b) Address 2820 Pennsylvania Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6/43 (Month) (Day) (Year)
(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Thos Lutis & Son
(b) Address 2906 Gravois Ave.

19. (a) OCT 4 1943 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2
year 1943 hour 11 30 P.M. minute M.

21. I hereby certify that I attended the deceased from Sept. 30, 1943, to Oct. 2, 1943
that I last saw him alive on Sept. 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions General arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration

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 Wm. R. Nye (M. D. or other)
Address 2931 Gravois Ave. Date signed 10/4/43

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Harris.

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.