

V. S. No. 2
FORM-8-43
Rev. 5-17-39
I X3782

FILED SEP 8 1943 18

Registration District No. _____

Primary Registration District No. **1003**

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:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 DAYS**
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Albert Miller**

3. (b) If veteran, name war **WORLD WAR I**

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MARIE MILLER**

6. (c) Age of husband or wife if alive **46** years

7. Birth date of deceased **JAN 12 1877**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
67	7	16	_____ hr.	_____ min.

9. Birthplace **CHAMPAIGN ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **LABORER. UNEMPLOYED**

11. Industry or business _____

12. Name **MILLER**

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

14. Maiden name **MARY BROWN**

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

16. (a) Informant **MRS MARIE MILLER**

(b) Address **1436 NODIER STR**

17. (a) **BURIAL** (b) Date thereof **AUG 30 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NATI. CEM. JEFF BARDX**

18. (a) Signature of funeral director **LEIDNER UND Co**

(b) Address **2223 ST. LOUIS AVE**

19. (a) **AUG 20 1944** (b) **J. F. Bredeek**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **17**

(c) City or town **ST. LOUIS 9 26**
(If outside city or town limits, write "RURAL")

(d) Street No. **1436 NODIER STR**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8-28-44** day _____
year _____ hour **7:57** a.m. minute _____ M.

21. I hereby certify that I attended the deceased from **8-17-44**, 19____, to **8-28-44**, 19____;
that I last saw h. **im** alive on **8-28-44**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Acute Cholecystitis & Necrosis 12 days
Generalized Peritonitis
Due to also - Hemorrhage of the stomach
& Gangrene of Right Foot 2

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **Gangrene of Right Foot**

Of operations _____

Of autopsy **Acute Cholecystitis & Necrosis**
Generalized Peritonitis

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 **John S. Sciortino** (M. D. or other) **M.D.**
Address **Firmin Desloge Hosp** Date signed **8/28/44**

844 (Licensed Embalmer's Statement on Reverse Side) **John S. Sciortino, M.D.**

Embalmer separate Cert to be filed AUG 23 1944

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.