S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1946

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38910

Primary Registration District No. 1003

Registrar's No. 9867

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: 4960 Ashby 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 7 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4960 Ashby Ave. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Frank Miller

3. (b) If veteran, name war

3. (c) Social Security No. 492-07-5018

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mary Weber Miller

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Dec. 19, 1881
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name George Miller
13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Wendt
15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Miller
(b) Address 4960 Ashby Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 20, 46
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig & Son Funeral Home
(b) Address 4746 West Florissant

19. (a) NOV 19 1946 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17 day November year 1946 hour 9 minute P M.

21. I hereby certify that I attended the deceased from August 10, 1946 to Nov 17, 1946 that I last saw him alive on Nov 17, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Carcinomatosis	
Due to Carcinoma of Liver	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46f

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 0

23. Signature A J Gettinger (M. D. ~~or other~~)
Address 274 S. N. Grand Date signed 11/18/46

(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.....

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.