

No. 2
-12-45
-17-39
I X47020

FILED FEB 24 1947

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
5351a Sutherland /
(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)

3. (a) PRINT FULL NAME **Thomas W. Miller**

3. (b) If veteran, name war **None**

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

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

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

6. (b) Name of husband or wife **Late Alice**

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

7. Birth date of deceased **Apr. 5 1876**
(Month) (Day) (Year)

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

70	9	7	hr. min.
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9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Tea & Coffee Man**

11. Industry or business.....

12. Name **Unknown Miller**

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

14. Maiden name **Unknown Koch**

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

16. (a) Informant **Alice Miller**

(b) Address **5351a Sutherland Ave.**

17. (a) **Cremation** (b) Date thereof **2 14 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Crematory**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**

(b) Address **4228 So. Kingshighway Bl.**

19. (a) **EB 13** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....

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

(d) Street No. **5351a Sutherland Ave.**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **2** day **12** - **47**
year..... hour **8:15** minute **0** M.

21. I hereby certify that I attended the deceased from **2/12/47** to **2/12/47** 19.....
that I last saw him alive on **2/12/47** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary thrombosis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)
Thyroid (Toxic goiter) 34

Major findings:
Of operations.....
Of autopsy.....

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?.....

While at work?..... (Specify type of place)

23. Signature **B. C. Kriegshauser** (D. or other)
Address **4523 S. Kingshighway**

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

MOTHER FATHER

2/12/47

1475

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 *Edwin M. McQuinn*

Licensed Embalmer No. *3024*

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.