No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2855

Registrar's No. 479

1. PLACE OF DEATH:
(a) County
(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 200
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 4529 Greer Ave (If rural, give location) 9
(e) Citizen of foreign country?: No (Yes or No) 0
If yes, name country

10

3. (a) PRINT FULL NAME: Charles W. Miller
3. (b) If veteran, name war:
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: Florence B Miller
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: December (Month) 30 (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
63	0	16	hr. min.

9. Birthplace: St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Solicitor
11. Industry or business: Roadway Express % Mr Gregory
FATHER
12. Name: John Miller
13. Birthplace: Belleville Ills (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mina Nordmann
15. Birthplace: St. Louis Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Florence Miller
(b) Address: 4529 Greer Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cemetery
18. (a) Signature of funeral director: Calvin F Feutz
(b) Address: 4828 Nat Bridge Blvd
19. (a) JAN 16 1948 (Date received by registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16 year 1948 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan. 1945, to January 16, 1948; that I last saw him alive on January 15, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	2 d.
Due to: Cor pulmonale	5 yrs
Due to: Chr. bronchial asthma and emphysema	20 yrs
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: —	
Of autopsy: —	

PHYSICIAN — Underline the cause of 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: John L. Horne (M. D. or other) M.D.
Address: 114 N. Taylor St. Louis 8 Date signed: 1-16-48

Jefferson City Printing Co. 1948

(Licensed Embalmer's Statement on Reverse Side)

Mc Millean Doctor office
Barnes Hosp.
2 p.m.

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 John A. Mbinar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.