

No. 300  
-10-47  
5-17-39  
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MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41678**  
Registrar's No. **10833**

FILED DEC 23 1948  
Registration District No. **318**

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  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital  
(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** Charles L. Miller

3. (b) If veteran, name war --- | 3. (c) Social Security No. 492-07-3005

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Lena | 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Nov. 28 1900  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>48</u>	<u>0</u>	<u>16</u>	hr. _____ min.

9. Birthplace Unknown Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Freight Handler

11. Industry or business Busch Brewery

**MOTHER FATHER**

12. Name John E. Miller

13. Birthplace Unknown Arkansas  
(City, town, or county) (State or foreign country)

14. Maiden name Ada Douglas

15. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Luther E. Miller  
 (b) Address 2823 Lyon St.

**(MOTOR)**

17. (a) Burial (b) Date thereof 12/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baptist Church Cemetery  
Patton, Mo

18. (a) Signature of funeral director Mackey - Idelberle  
 (b) Address 3634 Gravois Ave.

19. (a) DEC 19 1948 (b) J. B. Pasater  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 420 Sidney St.  
23 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country:.....

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Dec. day 14  
 year 1948 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 9  
 1948 to Dec 13 1948  
 that I last saw him alive on Dec 13 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia,  
Tuberc. Pt. Duration 5 days

Due to.....  
 Due to..... 108  
 Other conditions.....  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings:  
 Of operations.....  
 Of autopsy.....  
 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)  
 (c) Means of injury.....

23. Signature Al Herdman (M. D. or other) MD  
 Address 508 N Grand Date signed 12/14

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**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 Delis J. Krupin  
Licensed Embalmer No. 3497  
P. O. Address 3634 Gravois

**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.**