DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42470

FILED JAN 5 1946

State File No. J

Registration District No. 3177

Primary Registration District No. 6076

Registrar's No. 2968

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days
(Specify whether
In this community 57 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Same

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 1

(d) Street No. 4703-A Morganford 0
(If rural, give location) 1

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

If yes, name country

3. (a) PRINT FULL NAME MILLER, Hugh S.

3. (b) If veteran, name war World I

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Miller

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased December (Month) 22 (Day) 1887 (Year)

8. AGE: Years 58 | Months 0 | Days 2 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Salesman

11. Industry or business --

MOTHER FATHER

12. Name John Miller

13. Birthplace ____ (City, town, or county) Scotland (State or foreign country) 4

14. Maiden name Elizabeth Agnes

15. Birthplace ____ (City, town, or county) Scotland (State or foreign country) 4

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.,

(b) Address Jefferson Barracks, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/29/45 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) 12-29-45 (Date received local registrar) (b) [illegible] McGowan M D (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1945 hour 9:35 minute P. M.

21. I hereby certify that I attended the deceased from November 28, 1945, to December 24, 1945
that I last saw him alive on December 24, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HYPERTENSIVE & CORONARY ARTERIOSCLEROTIC HEART DISEASE WITH CARDIAC ENLARGEMENT, MYOCARDIAL DAMAGE ~~xxxx~~ AND INSUFFICIENCY.	Unknown
Due to --	
Other conditions HYPERTENSION ARTERIAL. (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations No operation

Of autopsy No autopsy

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) No

(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 Means of injury

23. Signature Harvey E. Bisk (M. D. or other) M.C.,
Address Vet. Adm. Hosp. Jeff. Brks. Mo. Date signed 12/26/45

Acting Clinical Director.

(Licensed Embalmer's Statement on Reverse Side)