

MEDICAL CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 821 REGISTERED NUMBER 544

PLACE OF DEATH
St. Clair COUNTY, ILLINOIS

USUAL RESIDENCE (Where deceased lived)
a. STATE Illinois b. COUNTY St. Clair

Place where death took place
c. Residence was
 OUTSIDE city limits and in TOWNSHIP
 INSIDE city limits and in the city, village, or town named at 2d

VILLAGE, OR TOWN Belleville d. LENGTH OF STAY IN 40 yrs
e. LENGTH OF RESIDENCE AT 2c. or 2d 40 yrs

NAME OF HOSPITAL OR INSTITUTION St. Elizabeths f. LENGTH OF STAY IN 1e 1 week
g. Did decedent reside ON A FARM? YES NO

NAME OF DECEASED a. FIRST OTIS b. MIDDLE L. c. LAST MILLER SR
4. DATE OF DEATH 7-26-59

SEX male 6. RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) married
8. DATE OF BIRTH Feb. 2, 1901 9. AGE (in years last birthday) 58

USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steamfitter 10b. KIND OF BUSINESS OR INDUSTRY Bldg. Trades
11. BIRTHPLACE (City and state or foreign country) Hecker, Illinois 12. Citizen of what country? USA

FATHER'S FULL NAME Henry W Miller 14. MOTHER'S FULL MAIDEN NAME Ellen Frick

Was deceased ever in U. S. Armed Forces? no 16. SOCIAL SECURITY NUMBER 328 03 5543
17. INFORMANT a. SIGNATURE b. ADDRESS c. RELATIONSHIP TO DECEASED
Otha L. Miller Belleville, Ill. Son

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CAUSE OF DEATH

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) Enter only one cause per form for (A), (B), and (C).
Pneumonia of Lung, left

INTERVAL BETWEEN ONSET AND DEATH 6 mo.

CONDITIONS, IF ANY, WHICH GAVE RISE TO THE ABOVE IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST.
due to (B)
due to (C)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A).

19. AUTOPSY? YES NO

20. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OR PART II ABOVE.

21. I hereby certify that I attended the deceased from 2/9, 1959, to 7/26, 1959, that I last saw the deceased alive on 7/25, 1959, and death occurred at 9 a.m., from the causes and on the date stated above.
DATE 7/27/59 SIGNED [Signature] ADDRESS M.D. 109 So. 1 High - Belleville, Ill PHONE ad 3-1315

DISPOSITION: BURIAL-REMOVAL-CREMATION (DATE) 7-29-59
CEMETERY: Walnut Hill
LOCATION: Belleville, Ill.

23. FIRM NAME: Geo. Renner & Sons
ADDRESS: Belleville, Ill.
SIGNATURE: [Signature] LICENSE NUMBER 6324

24. Received for filing on 7-28-59 [Signature] LOCAL REGISTRAR

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