

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20165

Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 1008
 (b) Township St. Louis Mo Primary Registration District No. 46
 (c) City St. Louis Mo (d) Street No. 2608 S. Kingshighway Blvd. St. Mo
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4262 Westminister St. 19 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) (UNKNOWN) 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 73

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired railroad
 9. Industry or business in which work was done, as saw mill, bank, etc. clerk
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 95

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME William H. Miller Sr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ernest Miller Henderson 2619 Roanoke, Dayton Ohio

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE 6-11-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mullen Bros 4259 Lyndell Blvd

20. FILED JUN 11 1938 J. D. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/7/38 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:37 P.M.

The principal cause of death and related causes of importance were as follows:

Evipal Anesthesia administered in doctors office at 2608 S. Kingshighway Blvd., on June 7th, 1938 at about 8:30 P.M., for setting of fractured right wrist.

Other contributory causes of importance:
Fracture of lower four ribs of left side. (TIME, PLACE, CAUSE, AND MANNER OF INJURY COULD NOT BE ASCERTAINED.)

Name of operation OPEN VERDICT Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) Joseph H. Linn
 (Address) Raymond Avenue

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Thomas R. Demwick

Licensed Embalmer No.

3793

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, above space should be left blank.