OCT 1 1938 REC'D NOV 4 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36743
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township ~~Clayton~~
(c) City Clayton
Registration District No. 784
Primary Registration District No. 10 1
Registered No. 1641
(d) Street No. St. Louis County Hosp. St.
(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 Edwin Miller
(a) Residence, No. 7244a Southwest St. Maplewood
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 31, 1907
7. AGE: Years 31 | Months 1 | Days 8 | If LESS than 1 day, ...hrs. or ...min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Owensboro Kentucky

FATHER
13. NAME: James L. Miller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Ellen Goodwin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): J. R. Miller Rock Hill, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Lebanon DATE Oct. 12 1938
19. FUNERAL DIRECTOR (ADDRESS): Jay B. Smith 7456 Manchester
20. FILED OCT 11 1938 19 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 9, 1938 19
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 8.10 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile accident. While driving an automobile which struck a signal-light standard in a street intersection	10/9/38

Other contributory causes of importance:
Hemothorax.
Fracture of Left side of amndible.

Name of operation ... Date of ...
What test confirmed diagnosis? physical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 10/9/38
Where did injury occur? Maplewood, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Auto struck concrete stand
Nature of injury Hemothorax
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...
(Signed) John [illegible] M. D.
(Address) Coroner of St. Louis County

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.
I X12004

STATEMENT BY LICENSED EMBALMER

I, H. E. Burgess, Licensed Embalmer No. 4029

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed H E Burgess

Licensed Embalmer No. 4029

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.)