

NOV 26 1938

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

43518
Do not use this space.

1. PLACE OF DEATH

(a) County JEFFERSON 3 Registration District No. 423
(b) Township ROCK 1 Primary Registration District No. 5578 Registered No. 45
(c) City _____ (d) Street No. _____ 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

460 WILLIAM ARTHUR MILLER
(a) Residence, No. 6322 HENRY St. (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 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 Bertrude
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 5 8
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baker
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) ST. LOUIS MO

FATHER 13. NAME CHARLES A. MILLER SR

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN St. Louis Illinois

MOTHER 15. MAIDEN NAME UNKNOWN Siegelman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN Germany

17. INFORMANT (ADDRESS) Wally Miller ST LOUISE 6322 Henry

18. BURIAL, CREMATION, OR REMOVAL PLACE new St. Marcus DATE 12/25/38

19. FUNERAL DIRECTOR (ADDRESS) Johy S. Ziegenhain & Sons 7027 W. Washburn Ave.

20. FILED Dec 25 1938 Phil J. Kirk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from By Request on Dec 25, 1938, 1938.
I first saw him alive on _____, 1938. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

Verdict of Jury was: unavoidable automobile accident. Killed when truck hit tree.

Other contributory causes of importance: 210 W 21

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury Dec 25, 1938
Where did injury occur? near Maitville 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 automobile accident
Nature of injury Injured internally

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Frank Frazier, Coronar
291 (Address) Festus, Mo.

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.

MOBILE RESERVED FOR BIRMINGHAM
V. NO. 2.
SON-7-20-37
I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Clarence P. Kidwell
Licensed Embalmer No. 3877

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.)