DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D AUG 11 1939

Registration District No. 791 1003

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23961

Primary Registration District No.

Registrar's No. 6234

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3465 Giles
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Baby Boy Miller

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race Wh.

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased July (Month) 14 (Day) 1939 (Year)

8. AGE: Years Stillborn Months Days If less than one day hr. min.

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

10. Usual occupation —

11. Industry or business —

MOTHER FATHER

12. Name Charles W. Miller

13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

14. Maiden name Loretta Just

15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Charles W. Miller

(b) Address 3465 Giles

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14 1939 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Fun. Home, Inc.

(b) Address 3936 St. Louis Ave

19. (a) JUL 14 1939 (Date received local registrar) (b) J. B. Beiderwieden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1939 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 14, 1939, to July 14, 1939; that I last saw him alive on —, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Still born Infant (Causes not known) — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of 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)

(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? (e) Means of injury

23. Signature W. Jacobsmeyer (M. D. or other)

Address 3558 Lafayette Date signed 7-14-39

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 8-17-39 I X19511

Not embalmed CF

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.....

Licensed Embalmer No.....

P. O. Address.....

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.