

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

12 1939 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44653

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2183

1. PLACE OF DEATH: 3

(a) County St. Louis County

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

(c) Name of hospital or institution: 400 S. Warson Rd.
(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: 1

(a) State Missouri (b) County Audrain

(c) City or town Mexico
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

8. (a) PRINT FULL NAME Rudolph Miller

3. (b) If veteran, no name war _____

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1939 hour 3 minute 25 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Louise Miller

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Feb 15 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 27, 1939, to Dec. 11, 1939, that I last saw him alive on Dec. 11, 1939, and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 9 Days 26 If less than one day _____ hr. _____ min.

Immediate cause of death Ch. Myocarditis

Due to Hypertension

Other conditions Acute retention urino

9. Birthplace Unknown Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation retired Farmer

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations 930

Of autopsy _____

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? _____

16. (a) Informant's own signature Mrs. Joe Sunnen

(b) Address 400 S. Warson Rd.

17. (a) Removal (b) Date thereof 12-14-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) DEC 12 1939 (b) R. K. Meyer M.D.
(Date received local registrar) (Registrar's signature)

23. Signature R. K. Meyer (M. D. or other) _____

Address 7266 Manchester Date signed 12/11/39

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 Guy W W Wilkinson

Licensed Embalmer No. 3575

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.