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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 888

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 886

1. PLACE OF DEATH:

(a) County: AUG FEB 1 1940

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

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Days (Specify whether years, months or days)

In this community

3. (a) PRINT FULL NAME: Charles Miller

3. (b) If veteran, name war: None

3. (c) Social Security No. 486-14-8464

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: Jan. (Month) 10 (Day) 1875 (Year)

8. AGE: Years 65 | Months 0 | Days 16 | If less than one day ___ hr. ___ min.

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

10. Usual occupation: Laborer

11. Industry or business: ?

FATHER
12. Name: Unknown Miller ?
13. Birthplace: Sweden ? (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Sweden ? (City, town, or county) (State or foreign country)

16. (a) Informant: Waldo Gustafson
(b) Address: Weldon Springs, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/28/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Weldon Springs, Mo.

18. (a) Signature of funeral director: Albert H. Hoppe
(b) Address: 4700 Washington Ave.

19. (a) JAN 30 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Charles

(c) City or town: Weldon Springs NR
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26, year 1940 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from January 7, 1940 to January 26, 1940 that I last saw him alive on January 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus

Due to: Acid

Due to: Probably Tuberculosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 23

Of autopsy

Duration

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? While at work? (Specify type of place) (e) Means of injury

23. Signature: [signature] (M. D. or other)
Address: 1515 Lafayette, Date signed 1/27/40

(Licensed Embalmer's Statement on Reverse Side)

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

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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. 297

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.