

96

1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8091

State File No. \_\_\_\_\_

FILED MAR 7 - 1940

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 296

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clencoe  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural - Meramec Township  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether 2)  
In this community 20 yrs  
years, months or days)

3. (a) PRINT FULL NAME William Edward Miller LLC

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Mary Miller 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased July 11 1851  
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 28 If less than one day hr. min.

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

10. Usual occupation Retired Sandscaper

11. Industry or business Contractor

MOTHER FATHER { 12. Name Jim Miller 0

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

14. Maiden name Beome Cox

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

16. (a) Informant Edward Miller

(b) Address Clencoe, Mo. R. #1 - Box - 38

17. (a) Burial (b) Date thereof Feb. 13-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clencoe Cem. Clencoe, Mo.

18. (a) Signature of funeral director Schrader Funeral Home  
(b) Address Ballwin, Mo.

19. (a) FEB 11 1940 (b) TR [Signature]  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Clencoe  
(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 Feb. day 9  
year 1940 hour 7 minute 25 M.

21. I hereby certify that I attended the deceased from Jan 27, 1937 to Feb 9, 1940  
that I last saw him alive on Feb. 9, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death heart ailment Duration 7 days

Due to \_\_\_\_\_

Due to 8201

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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) none

(b) Date of occurrence none

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
none

While at work? (Specify type of place) (e) Means of injury 3  
23. Signature B. B. [Signature] (M. D. or other) 3  
Address Eureka, Mo. Date signed Feb 9-40

**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 \_\_\_\_\_

*Theo. Schaefer*

Licensed Embalmer No. \_\_\_\_\_

*3066*

P. O. Address \_\_\_\_\_

*Dallwin, Mo*

**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.**