

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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 Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 8 months 23 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis //  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4219 East Cote Brillante  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

3. (a) PRINT FULL NAME Courtland Miller 460

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife child 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 27<sup>th</sup> 1939  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 8 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation child /

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Clarence Miller /

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

14. Maiden name Garnett Thompson

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

16. (a) Informant's own signature Garnett Thompson

(b) Address 3956 Aldine St

17. (a) Burial (b) Date thereof 4-2-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Jessie Randleton

(b) Address 3133 Bell Ave

19. (a) APR 22 1940 (b) J. Randleton  
(Date received local registrar) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 20  
year 1940 hour 6 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 4-17-  
\_\_\_\_\_, 1940, to 4-20-, 1940;  
that I last saw him alive on 4-20-, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 6 days

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

Other conditions Bilateral Otitis Media  
(Include pregnancy within 5 months of death)

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature G. C. Place (M. D. or other) 4-20-1940  
Address 2601 N. Whittier St. Date signed \_\_\_\_\_

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.

**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

*Shirley J. Watson*

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

**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.**