No. 2
4-13-40
5-17-39
PI X23

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40211

Registration District No. 1003 — 91

Primary Registration District No. 1003

Registrar's No. 9982

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

1. PLACE OF DEATH:

(a) County: 1

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

(c) Name of hospital or institution: St John's Hosp (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: 1

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County:

(c) City or town: St Louis 15 (If outside city or town limits, write "RURAL")

(d) Street No.: Near 4349 Chippewa (If rural, give location)

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

3. (a) PRINT FULL NAME: Lawrence 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: Baby

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Nov (Month) 12 (Day) 1940 (Year)

8. AGE: Years — Months — Days 22 If less than one day hr. min.

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

10. Usual occupation: Baby

11. Industry or business: "

MOTHER FATHER

12. Name: Joseph T. Miller

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

14. Maiden name: Mildred M. Ramirez

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

16. (a) Informant: Mildred Miller

(b) Address: Near 4349 Chippewa

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 6-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: [illegible]

(b) Address: 1225 Union Blvd

19. (a) DEC 5 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day Dec year 1940 hour minute A.M.

21. I hereby certify that I attended the deceased from 11-12, 1940 to 12-4, 1940; that I last saw him alive on 12-3, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis

Due to: Prematurity

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations:

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? (Specify type of place)

While at work? (e) Means of injury: 1

23. Signature: Joseph C. Bier Jr. (M. D. or other) MD

Address: 4652 Wellington Date signed: 12-3-40

(Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.