

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12880**

FILED MAY 13 1941
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **3310**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 10 da
(Specify whether years, months or days)

In this community 8 yrs.

3. (a) PRINT FULL NAME WILLIAM G. MILLER

3. (b) If veteran, name war no

3. (c) Social Security No. 48611426

4. Sex male

5. Color or race white

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

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

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

7. Birth date of deceased: Dec. 16 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>29</u>	_____ hr. _____ min.

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

10. Usual occupation Pattern maker

11. Industry or business Scullin Steel Co.

MOTHER FATHER

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)

16. (a) Informant Lee Miller

(b) Address 9914 Lark

17. (a) burial (b) Date thereof 4-17-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) APR 16 1941 (b) J. W. Budnek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 9914 Lark
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 15
year 1941 hour 9 AM minute A. M.

21. I hereby certify that I attended the deceased from Feb 15, 1941, to April 15, 1941
that I last saw him alive on April 14, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death PERITONITIS CAUSED BY RUPTURED ULCERS OF ILEUM 10 DAYS

Due to PYLO NEPHROSITIS CAUSED BY HYPERTROPHY OF

Due to PROSTATE GLAND 2 Months

Other conditions non calculous
(Include pregnancy within 3 months of death)

Major findings: Of operation 1/1/41

Of autopsy yes as above

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) (a) Means of injury

23. Signature Fred R. Rongkham M.D. (M. D. or other)

Address 3507 Columbia Date signed 4/16/41

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. 4148

P. O. Address St. Louis, 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, fact should be so stated above.