

No. 2
4-13-40
4-17-39
I X23159

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16391**
Registrar's No. **3909**

Registration District No. **791**

Primary Registration District No. **1003**

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:
5334 Theodosia Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Orace C. Miller**

3. (b) If veteran, name war **No** 3. (c) Social Security No **493-09-5426**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Married**

6. (b) Name of husband or wife **Frances Miller** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **June 9 1881**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	59	10	27	hr. _____ min.

9. Birthplace **Zinks Grove / West Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **Wagner Electric Co.**

12. Name **Leonidas Miller**

13. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Suzanne Herndon**

15. Birthplace **West Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Francis Miller**

(b) Address **5334 Theodosia Avenue**

17. (a) **Burial** (b) Date thereof **May 10, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cedar Valley Cemetery**

18. (a) Signature of funeral director **Chas. S. Stewart**
(b) Address **225 Union Blvd.**

19. (a) **MAY 8 1941** (b) **J. B. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **TOO**
(c) City or town **St. Louis** **617**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. **5334 Theodosia Avenue**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6**
year **1941** hour **8:50** minute **P.** M.

21. I hereby certify that I attended the deceased from **Nov 8 1941** to **May 6 1941**
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of colon**

Due to _____

Due to _____

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

Major findings: Of operations **Large Inoperable Carcinoma of Colon**
Of autopsy **none**

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 **Chas. S. Stewart M.D.** (M. D. or other)
Address **5298 Page** Date signed **5/7/41**

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

MOTHER FATHER

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.....

Bernard G. Stuart

Licensed Embalmer No. 3500

P. O. Address 1225 Union, Blk

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.