

1. PLACE OF DEATH:

(a) County ST-CHARLES
(b) City or town ST-CHARLES-RURAL #2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ST-JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 3/4 hours
(Specify whether years, months or days)
In this community 11 months

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST-CHARLES
(c) City or town ST-CHARLES
(If outside city or town limits, write "RURAL")
(d) Street No. RR #2 - SOUTH-RIVER-ROAD
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME RONALD-DEAN-MILLER

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

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced, SINGLE
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased JANUARY 27 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 1 hr. min.

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

10. Usual occupation ✓

11. Industry or business ✓

12. Name WILLIAM-MILLER
13. Birthplace EUGENE-MO-COLE-COUNTY
(City, town, or county) (State or foreign country)

14. Maiden name EULA-AGNES-TAYLOR
15. Birthplace WHITEHALL-ILLINOIS
(City, town, or county) (State or foreign country)

16. (a) Informant W.M. Miller
(b) Address RR #2 - St Charles Mo

17. (a) Burial (b) Date thereof March 2-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Whitehall, Illinois

18. (a) Signature of funeral director H.C. DALLMEYER & SONS
(b) Address ST-CHARLES-MO

19. (a) 3-2-42 (b) Clarence G. Wheeler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 28
year 1942 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 28 1942 to Feb 28 1942
that I last saw him alive on Feb 28 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia Duration 1 day
Due to Bronchial occlusion 1 day

Due to ✓
Other conditions Aspiration
(Include pregnancy within 3 months of death)

Major findings: Of operations 156
Of autopsy ✓
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) (c) Means of injury ✓

23. Signature Clarence G. Wheeler (M. D. or other) ✓
Address St Charles Mo Date signed 3-1-42

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

70
0

Jenkins 7864

699

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.....

Joseph I Landolt

Licensed Embalmer No.....

4189

P. O. Address.....

St. Louis

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.