

7. S. No. 2
DM-9-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32240
State File No.

FILED NOV 6 1942
318

Primary Registration District No. 1003

Registrar's No. 8947

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:
4211w Finney Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
9 11

(d) Street No. 4211w Finney Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME King Miller

3. (b) If veteran, name war --

3. (c) Social Security No. none

4. Sex Male 2 5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Unavailable Abt. 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

abt. 60 hr. 9 min

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

10. Usual occupation Broom-maker

11. Industry or business _____

MOTHER FATHER {

12. Name Unavailable Miller

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

14. Maiden name _____

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

16. (a) Informant Lillian Miller

(b) Address 4211w Finney Ave.

17. (a) Burial (b) Date thereof 10/30/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 367 e 4107 Finney Ave St. Louis

19. (a) Oct 27 1942 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26th
year 1942 hour 7:00 minute p. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to ruptured aortic aneurysm

Due to non-syphilitic

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

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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) (c) Means of injury 3

23. Signature Walter H. ... (M. D. or other) _____
Address 1500 ... Date signed 10-26-42

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

