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DM—5-42
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39096

Registrar's No. 10160

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY HOSPITAL O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 HRS (Specify whether

In this community 61 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 46

(a) State MISSOURI (b) County 6

(c) City or town FERGSON 2 N.R. (If outside city or town limits, write "RURAL")

(d) Street No. 32 LEE AVE (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME AUGUST A. MILLER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2 WIDOWER

6. (b) Name of husband or wife MYRTLE MILLER

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

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

8. AGE: Years 61 Months 4 Days 26 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO O (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

FATHER
12. Name STEPHEN MILLER
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name KATHRINE
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant Eliane Krey

(b) Address 32 Lee Ave Fergson Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 7-1942 (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE CEM. E. ST. LOUIS

18. (a) Signature of funeral director Siedmeyer & Sons

(b) Address 3934 N. 20 St. St. Louis Mo.

19. (a) DEC 6 1942 (Date received local registrar) (b) J. F. Budesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 5-42 year 1942 hour ~~4:30~~ minute P M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Primary

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy YES

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

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed 12/6/42

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(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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.