S. No. 2
M—5-42
5-17-39
I X32873

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

8587

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 25 1943

Registration District No. 1938 Primary Registration District No. 1003 Registrar's No. 2577

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

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

In this community 16 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 9 26 (If outside city or town limits, write "RURAL")

(d) Street No. 3943 N. 9TH. ST. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME WILLARD C. MILES

3. (b) If veteran, name war — 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife EMMA MILES 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased JUNE (Month) 11 (Day) 1866 (Year)

8. AGE: Years 76 Months 9 Days 6 If less than one day hr. min.

9. Birthplace JONES BORO (City, town, or county) ARK. 1 (State or foreign country)

10. Usual occupation RETIERED TIMBER BUYER

11. Industry or business LUMBER-LOGGING

FATHER
12. Name UNKNOWN MILES
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant WILLIAM MILES
(b) Address 3943 N. 9th ST.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MAR. 18-43 (Month) (Day) (Year)
(c) Place: burial or cremation PARAGOULD ARK.

18. (a) Signature of funeral director Suedmeyer + Sons
(b) Address 3934 N. 20 St. St. Louis Mo.

19. (a) MAR 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

846

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 17 year 1943 hour 4.30 minute a 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.

	Duration
Immediate cause of death Labar Pneumonia	
Due to	
Due to 108	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Thomas F Callanan (M. D. or other)

Address Deputy Coroner Date signed 3-17-43

(Licensed Embalmer's Statement on Reverse Side)

10257

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 Ave

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.