V. S. No. 2
50M—5-42
Rev. 5-17-39

15476

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 0

FILED MAY 6 1943

Registration District No. 317 | Primary Registration District No. 6076 | Registrar's No. 953

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

1. PLACE OF DEATH:

(a) County: St. Louis County

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. April 18, 1943. (Specify whether
In this community since April 18, 1943. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 50

(a) State: Missouri (b) County: 2

(c) City or town: DeSoto (If outside city or town limits, write "RURAL") 2

(d) Street No.: 1009 S.E. Main Street (If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME: Charles R. Miller

3. (b) If veteran, name war: World War #1

3. (c) Social Security No.: unknown

4. Sex: male

5. Color or race: white

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

6. (b) Name of ~~husband or~~ wife: Auguste

6. (c) Age of ~~husband or~~ wife if alive: unknown years

7. Birth date of deceased: August (Month) 5, (Day) 1894 (Year)

8. AGE: Years 48 | Months 8 | Days 14 | If less than one day hr. min.

9. Birthplace: Evansville (City, town, or county) Indiana. / (State or foreign country)

10. Usual occupation: Paper Hanger

11. Industry or business: -

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

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

16. (a) Informant: Government Records
(b) Address: Vet. Adm. Fac., Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: April 23-43 (Month) (Day) (Year)
(c) Place: burial or cremation: NATIONAL CEM

18. (a) Signature of funeral director: C. Hoffmeister
(b) Address: 7814 S. Broadway

19. (a) APR 22 1943 (Date received local registrar) (b) C. G. McNamara M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th, year 1943 hour 1:20 minute A. M.

21. I hereby certify that I attended the deceased from April 18, 1943, to April 19, 1943, that I last saw him alive on April 19, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
HEMORRHAGE, ACUTE, FROM ESOPHAGEAL VARICES.	Abt. 1½ da
Due to - Due to CIRRHOSIS OF LIVER, ATROPHIC.	Unknown.
Due to -	

Other conditions: None.
(Include pregnancy within 3 months of death)

Major findings:
Of operations: No operation.
Of autopsy: Autopsy performed. See cause of death.

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): no
(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: L. M. COCHRAN, M.D. (M.D. or other)
Address: Chief Medical Officer. Date signed 4/19/43

(Licensed Embalmer's Statement on Reverse Side)

MAY 12 1943

MAY 13 1943

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 Paul A. Thanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Thanklin

Licensed Embalmer No. 3472

P. O. Address 7814 So. Broadway

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.