

FILED JUN 9 1943 318

Registration District No. Primary Registration District No. 1003 Registrar's No. 4042

1. PLACE OF DEATH:

(a) County St. Louis

(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 Hosp # 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution less than 24 hrs
(Specify whether)

In this community less than 24 hrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

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

(d) Street No. 107 No 6th St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Miller

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1943 hour 10 minute 10 P M.

21. I hereby certify that I attended the deceased from

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 1869 years

7. Birth date of deceased act 1869
(Month) (Day) (Year)

that I last saw him act alive on act, 19

and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis
Senility

8. AGE: Years act 74 Months 1 Days 1 If less than one day act hr 1 min.

Due to

Due to act

9. Birthplace act (City, town, or county) Iowa (State or foreign country)

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

10. Usual occupation act

Major findings: Of operations

11. Industry or business

Of autopsy

12. Name act

13. Birthplace act (City, town, or county) Iowa (State or foreign country)

14. Maiden name act

15. Birthplace act (City, town, or county) Iowa (State or foreign country)

16. (a) Informant act

(b) Address 1300 Park

17. (a) act (b) Date thereof 5-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter

(b) Address 5500 Putnam

19. (a) MAY 23 1943 (Date received local registrar) J. S. Braddock (Registrar's signature)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? act (Specify type of place) (c) Means of injury act

23. Signature act (M. D. or other) act

Address act Date signed 5/11/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 20 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.