

S. No. 2
OM-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30319**

FILED OCT 2-1943 318

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **8564**

1. PLACE OF DEATH:

(a) County _____

(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Des Loge Hospital
(If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community 62 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town City of St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 206 Bellerive Blvd. 000
(If rural, give location) 17

(e) Citizen of foreign country? No (Yes or No) 19
If yes, name country _____ 0

3. (a) PRINT FULL NAME Raymond Miller

3. (b) If veteran, name war None

3. (c) Social Security No. 496-18-0142

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26th
year 1943 hour 2:00 minute P. M.

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased August 15, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 20 1943 to Sept 26 1943
that I last saw him alive on Sept 26 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>1</u>	<u>10</u>	hr. _____ min.

Immediate cause of death: Tuberculosis / Tongue / Pulmonary / Tbc peritonitis

Due to _____

Due to _____

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

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

10. Usual occupation Clerk

Major findings: Tuberculosis of Tongue

Of autopsy: Tuberculosis

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name George Miller

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

14. Maiden name Josephine Conlon

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

16. (a) Informant Mrs. Hattie Miller

(b) Address 206 Bellerive Blvd.

17. (a) Burial (b) Date thereof 9-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 So Grand Blvd

19. (a) SEP 28 1943 (b) J. Brueck
(Date received local registrar) (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? _____ (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)

(a) Means of injury _____

23. Signature John M. M. Coughlin (D. or other) _____
Address N. Belmont Blvd. Date signed 9/27/43

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

MOTHER FATHER

844

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..... *Virgil L. Berryman*
Licensed Embalmer No..... *4018*
P. O. Address..... *St. Louis, Mo.*

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.