S. No. 2
M—5-42
v. 5-17-39
I X3287

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34500

FILED OCT 21 1943

Registration District No. 1484 Primary Registration District No. 4176 Registrar's No. 35

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 HOURS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town City of St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 206 Bellerive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Oliver G. Miller

3. (b) If veteran, name war None

3. (c) Social Security No. 494-09-3121

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 years

7. Birth date of deceased December 17, 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business Ice Cream

FATHER
12. Name George Miller
13. Birthplace UNKNOWN (City, town, or county) Maryland (State or foreign country)

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

16. (a) Informant Raymond Miller
(b) Address 206 Bellerive Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director J. Schuman
(b) Address Malden, Mo.

19. (a) 9-16-43 (Date received local registrar) (b) T. Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15
year 1943 hour 1:40 minute P M.

21. I hereby certify that I attended the deceased from 9/15/43 11:15 A.
, 19 , to 1:40 PM 9/15 1943
that I last saw him alive on 1:40 PM 9/15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Cerebral laceration	2 hrs
(2) Supracondylar	
Due to fracture bots. Femur.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

170 c 8
22

Major findings:
Of operations None
Of autopsy None

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) Auto accident.
(b) Date of occurrence 9/15/43 17
(c) Where did injury occur? 1 mile S. Dexter (City or town) Stoddard (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Auto accident on public Road.
(Specify type of place)
While at work? (e) Means of injury Auto.

23. Signature Howard E. Kinnamon 1st Lt. MC. (M. D. or other) MD
Address AAF DES Malden, Mo. Date signed 9/17/43

1288

(Licensed Embalmer's Statement on Reverse Side)

FEB 2 8 1944

MAR 1 1944

RECEIVED
District Health Office No. 2,
District File Number 1043-1317
Date Filed 10-15-43

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 J. W. Schumann

Licensed Embalmer No. 4086

P. O. Address Malden, 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.