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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5493

State File No. 5493

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1898

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Missouri (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnard Free Skin & Cancer Hospt. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-19-44 to 2-23-44 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Michigan (b) County Macomb 999
(c) City or town St. Clair Shores 20 (If outside city or town limits, write "RURAL")
(d) Street No. 21905 Fresard N.R (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Alonzo H. Miller
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Maude Hester Miller
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 9 (Month) 15 (Day) 1873 (Year)
8. AGE: Years 70 Months 5 Days 8 If less than one day hr. min.
9. Birthplace Franklin County (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Miner
11. Industry or business Coal
FATHER 12. Name Levi Miller
13. Birthplace Randolph County (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Margaret Owens
15. Birthplace Randolph County (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Dorris Miller
(b) Address DuQuoin, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-25-44 (Month) (Day) (Year)
(c) Place: burial or cremation DuQuoin, Illinois
18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd
19. (a) FEB 25 1944 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 23 year 1944 hour 7 minute 0 A.M.
21. I hereby certify that I attended the deceased from 2/20/44, 1944, to 2/23/44, 1944, that I last saw him alive on 2/23/44, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death POST-OPERATIVE SHOCK — Duration
Due to CARCINOMA OF FLOOR OF MOUTH WITH METASISIS
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations CARCINOMA OF FLOOR OF MOUTH WITH METASIS
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 James Irvin Petry (M. D. or other)
Address Barnard Hospital Date signed 2/23/44

(Licensed Embalmer's Statement on Reverse Side)

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 John Ogrowski

Licensed Embalmer No. 3398

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.