

S. No. 2  
M-2.43  
5-17-39  
-1 X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

13116

State File No.

FILED APR 20 1948 18

Registrar's No. 3075

Registration District No.

Primary Registration District No.

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 Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 3500  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6239 Hoffman Ave 17  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALBERT O. MILLER

3. (b) If veteran, name war World War #1  
3. (c) Social Security No. 494-10-5502

4. Sex Male 5. Color or race white  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ruth Smiller 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased. March 26 1896  
(Month) (Day) (Year)

8. AGE: Years 48 Months 0 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Fredericktown Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Mallinckrodt Chemical

12. Name George Smiller

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

14. Maiden name Cynthia Sharp

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

16. (a) Informant Ruth Smiller

(b) Address 6239 Hoffman Ave.

17. (a) Burial (b) Date thereof 4-3-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springwood Park

18. (a) Signature of funeral director Wiegshayer Mortuaries  
(b) Address 4228 S. Kingshighway

19. (a) APR 1 1948 (b) J. F. Stedek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30  
year 1944 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on \_\_\_\_\_ date and hour stated above.

Immediate cause of death Pulmonary Embolism following Post Injunctal Thrombophlebitis as a result of Due to pushing a heavy trunk while at work for the Mallinckrodt Chemical Co 3600 N. 2. St. around 3 am 2-25-44  
Other conditions (include pregnancy within 3 months of death) 195

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations H. U.  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence 2-25-44  
(c) Where did injury occur? St Louis Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial  
While at work? yes (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Thomas F. Callahan (M.D. or other) \_\_\_\_\_  
Address Deputy Coroner Date dictated 4-3-44

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

28  
20  
17  
9

APR 28 1944

Mr. Jensen well Body 1-3  
on city corner

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 *Edmund A. Mc Dermott*

Licensed Embalmer No. *3024*

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.