

~~Dr. C. W. Connolly~~
East St. Louis, Ill.
1st National Bank Bldg,
EXpts 4931

Residence #35 Country Club Pl
EX #692
Physicians Exchange EAs 145

OCT 19 1944
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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 Bradford A. Miles

License of Embalmer No. 2901

P. O. Address University City, 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.