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M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19030

FILED JUL 14 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5413

1. PLACE OF DEATH:

(a) County: St Louis

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

(c) Name of hospital or institution: 4583 Forest Park Ave (If not in hospital or institution, write street number or location)

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

In this community: 15 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

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

(d) Street No.: 1736 Mississippi (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Robert Earl Miller

3. (b) If veteran, name war: —

3. (c) Social Security No. 499-12-5714

4. Sex: Male (1)

5. Color or race: White

6. (a) Single, widowed, married, divorced: Divorced

6. (b) Name of husband or wife: Julia

6. (c) Age of husband or wife if alive: 33 years

7. Birth date of deceased: March (Month) 22 (Day) 1904 (Year)

8. AGE: Years 41 Months 2 Days 27 If less than one day hr. min.

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

10. Usual occupation: Welder

11. Industry or business:

FATHER 12. Name: Henry Miller

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

MOTHER 14. Maiden name: Margaret McClarney

15. Birthplace: Cuba (City, town, or county) Mo (State or foreign country)

16. (a) Informant: Henry Miller

(b) Address: 1736 Mississippi

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 6-21-45 (Month) (Day) (Year)

(c) Place: burial or cremation: Lick Creek Cem Cuba Mo

18. (a) Signature of funeral director: E L Throop

(b) Address: Bourbon, Mo

19. (a) JUN 21 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1945 hour 7 minute 42 A.M.

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

Immediate cause of death: Chronic Endocarditis — Duration

Due to: Chronic Pericarditis

Due to:

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

Major findings: Of operations:

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: 3

23. Signature: Patrick E Taylor Dep Cor (M. D. or other)

Address: 1300 Clark Date signed: 6-21-45

(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 Kettler

Licensed Embalmer No. 3880

P. O. Address Ottawa 8 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.