V. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

29249

State File No.

FILED SEP 28 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8258

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis Childrens Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17 23

(d) Street No. 2621 a So 7th St (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Gary Ray Miller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 8 (Month) 25 (Day) 45 (Year)

8. AGE: Years | Months | Days 29 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Ronney Miller
13. Birthplace Poplar Bluff (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Betty Gurley
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant St. Louis Childrens Hospital

(b) Address 500 S. Kings Highway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 24 1945 (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Churchyard

18. (a) Signature of funeral director Wacker - Hilderle

(b) Address 3634 Gravois

19. (a) SEP 24 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23 year 1945 hour 12 minute 25 p.M.

21. I hereby certify that I attended the deceased from 9 - 6, 1945, to 9 - 23, 1945; that I last saw h. 1m alive on 9 - 23, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhea

Due to

Due to

119

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 R. J. Bettner (M. D. or other)

Address 500 S. Kings Highway, Date signed

(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.

No Embalming

Signed Robert Arbeeler

Licensed Embalmer No. 2128

P. O. Address St Louis 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.