DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39547

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11498

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution: City Hosp. (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 1725

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

(d) Street No. 112 S. 4th St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles Miley

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 (Month) (Day) (Year) Apr 1861

8. AGE: Apr 84 Years Months Days If less than one day hr. min.

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

10. Usual occupation Week

11. Industry or business Week

FATHER
12. Name Ward
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ward
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Thos. F. Callahan

(b) Address 1300 Clark

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 12-8-45 (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter

(b) Address 3500 Rutgers

19. (a) DEC 23 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1945 hour 1 minute 40 am 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 Lobar Pneumonia

Duration

2. Fallowed 3 to 6 Rotor-Right Side when he was struck by auto

Due to Driven by one John Rych at the Intersection of 4th & Walnut

Due to around 6 am Oct 28-1945

Other conditions (Include pregnancy within 3 months of death) 170

Major findings:
Of operations 21
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 Alfred G. Perry (M. D. or other)

Address Supply Drawer Date signed 12/3/45

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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