S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6684

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7734

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1662

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: Barnes Hospital, O

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 67 days (specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 107

(d) Street No. 4105 Gano Ave. (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 8

If yes, name country

3. (a) PRINT FULL NAME Earl Samuel Miller

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Lorraine Miller

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased January (Month) 24 (Day) 1903 (Year)

8. AGE: Years	Months	Days	If less than one day
43	0	21	hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business Beatrice Creamery

FATHER
12. Name Luther M. Miller
13. Birthplace Enfield (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Rosa E. Foster
15. Birthplace Enfield (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Lorraine Miller

(b) Address 4105 Gano Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-18-46 (Month) (Day) (Year)

(c) Place: burial or cremation Enfield, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) FEB 19 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15th year 1946 hour 5 0 minute 25 P.M.

21. I hereby certify that I attended the deceased from 10 Feb, 1946, to 15 Feb 1946, that I last saw him alive on 15 Feb 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia, rt. middle lobe and atelectasis rt lower lobe of lung.	3 days
Due to Carcinoma, left lung	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Empyema & carcinoma of left lung.
Of autopsy Same plus rt. atelectasis and bronchopneumonia

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 O

23. Signature F R Bradley (M. D. or other)

Address Barnes Hospital, Date signed 2/16/46

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1946

MAR 11 1946

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.