

S. No. 2
M-2-43
5-17-39
P-1 X35697

#47432
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11444

State File No. _____
Registrar's No. **2983**

FILED APR 5 1946
318

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1610 Mississippi
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GERALD MILLER
(b) If veteran, name war no
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 28th
year 1946 hour 9:30 minute A M.

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced, SO

21. I hereby certify that I attended the deceased from 3/26/46
19____, to 3/28/46 19____
that I last saw him 1m alive on 3/28/46 19____
and that death occurred on the date and hour stated above.

7. Birth date of deceased February 22-1946
(Month) (Day) (Year)

Immediate cause of death
Broad pneumonia
& Diabetes

8. AGE: Years _____ Months 1 Days 6
If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions _____
(Includes pregnancy within 3 months of death)

10. Usual occupation Infant

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Herbert Miller
13. Birthplace Louisiana MO
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

14. Maiden name She June Sanders
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Herbert Miller
(b) Address 1610 Mississippi
17. (a) Burial (b) Date thereof 3-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunkers MO
(Specify type of place)

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 7304 Lafayette
19. (a) MAR 29 1946 (b) G. F. Bowler
(Date received local registrar) (Registrar's signature)

23. Signature Janet T. ...
Address 1515 Lafayette Date signed 3/28/46

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

MOTHER FATHER

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..... *C. W. Cooper*.....

Licensed Embalmer No..... *3830*.....

P. O. Address..... *2301 Lafayette St*.....

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.