

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 29 1946
Registration District No. 37

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14264**
Registrar's No. 918

Primary Registration District No. 3063

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton
(c) Name of hospital or institution: St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hr. 40 Min.
In this community Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Robertson
(If outside city or town limits, write "RURAL")
(d) Street No. Woodlawn Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RICHARD MILLER, Jr.
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10 26 45
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 27 hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
12. Name Richard Miller, Sr.
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name LeFlora Johnson
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Mother, LeFlora Miller
(b) Address Above

17. (a) Burial (b) Date thereof Apr 25 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Wanda Buss
(b) Address So. K. Highway, Mo

19. (a) 4-25-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22nd
year 1946 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from 4 - 22
8:05pm, 19 46 to 4-22- 9:45pm 19 46
that I last saw him alive on 4-22-46
and that death occurred on the date and hour stated above.

Immediate cause of death unknown Duration _____

Due to _____
Due to _____ 200

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

Major findings:
Of operations _____
Of autopsy None
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Paul Waters (M. D. or other) M.D.
Address St. Louis Co. Hosp Date signed 4/23/46

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.....

Edward A. Flynn....., Registered Apprentice No. *397*
working under my personal supervision.

Signed *James La. Johnson*.....
Licensed Embalmer No. *3522*
P. O. Address *3704 Gurney*

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.