

FILED APR 22 1946

Registration District No. _____

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 3/1/46
In this community 3 Years
(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. 6715 Manchester Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MILLER, Ned. L.

3. (b) If veteran, name war World I 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased September 26 1927
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Hardin County, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Steel Worker

11. Industry or business _____

12. Name Thomas Miller

13. Birthplace Lexington, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Rodeo Walker Stith

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof April 12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway St. Louis, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1946 hour 2:45 minute A M.

21. I hereby certify that I attended the deceased from 3/1/46 19____ to 4/8/46 19____

that I last saw him alive on April 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF RECTUM

Due to _____

Other conditions METASTASES DIFFUSE; INTESTINAL

OBSTRUCTION; BRONCHO-PNEUMONIA

Major findings: No Operation

Of operations _____

Of autopsy No Autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? [Signature] (Specify means of injury)

Signature L. E. SPILWELL, M.D. (M. D. or other)

Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 4/8/46

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..... *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.