

S. No. 2  
M-5-43  
v. 5-17-39  
P I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25865

State File No.:

FILED AUG 31 1946

Registrar's No. 6727

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County Dr. Louis Mo.  
(b) City or town St. Charles  
(c) Name of hospital or institution Yarking Lot 3489 St. Charles  
(d) Length of stay 3  
In this community 3 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Dr. Louis  
(c) City or town St. Charles  
(d) Street No. W. 1st  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JAMES MILEY  
3. (b) If veteran, name was \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex Male 5. Color or race White  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive abt. 1878

MEDICAL CERTIFICATION  
20. DATE OF DEATH June 25 1946 2:10 P.M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Due to W.M.A.  
Other conditions \_\_\_\_\_  
Major findings: Of operations 1/2  
Of autopsy \_\_\_\_\_

8. AGE: abt 68 Year Months Days If less than one day  
9. Birthplace W. Va. (City, town, or county) (State or foreign country)  
10. Usual occupation W. Va.  
11. Industry or business W. Va.  
12. Name W. Va.  
13. Birthplace W. Va.  
14. Maiden name W. Va.  
15. Birthplace W. Va.

16. (a) Informant Thos. J. Callahan  
(b) Address Anatomical Board  
17. (a) (b) Date thereof July 18-46  
(c) Place: burial or cremation Washington  
18. (a) Signature of funeral director W. R. ...  
(b) Address 3550 ...  
19. (a) AUG 1 1946 (Date received local registrar) J. F. Brudeck (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_  
23. Signature W. R. ... (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 7/16/46

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

MOTHER FATHER

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**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 with the above constitutes grounds for revocation of license.)**

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