

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 463

3042

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granite City			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 wks.		d. STREET ADDRESS (If rural, give location) R.R. #1, Box 78, G.C.			
3. NAME OF DECEASED a. (First) Wayne b. (Middle) Francis c. (Last) Miller				4. DATE OF DEATH (Month) (Day) (Year) January, 15, 1949			
5. SEX Male		6. COLOR OR RACE White		7. STATUS NEVER MARRIED. Never Married		8. DATE OF BIRTH July 25, 1943.	
9. AGE (In years last birthday) 5		10. IF UNDER 1 YEAR Months 5 Days 20		11. BIRTHPLACE (State or foreign country) Granite City, Ill.		12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Granite City, Ill.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Ernest Miller			13b. MOTHER'S MAIDEN NAME Mildred Stephens			14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Ernest Miller ADDRESS R.R. #1 Box 78 G.C.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital urinary anomaly - Uremia ANTECEDENT CAUSES Uremia DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. 158 75					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 7, 1949 , to Jan 15, 1949 , that I last saw the deceased alive on Jan 15, 1949 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) State H. Ripplin M.D.				23b. ADDRESS Jewish Hosp., St. Louis		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 15, 1949	24c. NAME OF CEMETERY OR CREMATORY St. John Cemetery		24d. LOCATION (City, town, or county) (State) Granite City, Illinois.		
DATE REC'D BY LOCAL JAN 17 1949		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE Frank Mercer ADDRESS Granite City, Ill.			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Charles E. Merce

Signed.....
Student Embalmer

Licensed Embalmer No. 2987

P.O. Address Granite City, Illinois

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.