

No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37101

State File No. _____

9331

Registrar's No. _____

DEC 22 1941 791

Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 hours
(Specify whether _____)
In this community newborn
years, months or days

3. (a) PRINT FULL NAME Ronald Leray Miller

3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced newborn

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

7. Birth date of deceased. nov. 23 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 16 hr. - min.

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

10. Usual occupation newborn

11. Industry or business _____

MOTHER FATHER { 12. Name Leray Miller 29yr.

13. Birthplace St. Louis mo. D
(City, town, or county) (State or foreign country)

14. Maiden name Lorraine Tengler

15. Birthplace St. Louis mo 20yr.
(City, town, or county) (State or foreign country)

16. (a) Informant father

(b) Address 3204 Delor

17. (a) Burial (b) Date thereof. 11-25-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway

19. (a) NOV 25 1941 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County 000
(c) City or town St. Louis 15th
(If outside city or town limits, write "RURAL")
(d) Street No. 3204 Delor St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month nov. day 24
year 1941 hour 3 minute 25 P.M.

21. I hereby certify that I attended the deceased from nov. 23
11:30 a.m. 1941 to 3:25 hrs. 24 1941;
that I last saw him alive on nov. 24 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Aspiration
Due to Pneumonia

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

Major findings: Of operations _____

Of autopsy Aspiration
Pneumonia

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence nov 24 - 1941

(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 M. W. Schetter (M. D. or other) _____

Address 5401 9th Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

..... *No Embalming* 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.