

FILED SEP 4 1942
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Primary Registration District No. 1003

Registrar's No. 7040

1. PLACE OF DEATH:

(a) County
(b) City or town
(c) Name of hospital or institution: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 day
In this community 1 day
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 2840 - Walton Rd.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME RICHARD A. MILLER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex mo 5. Color of race W 6. (a) Single, widowed, divorced, SD

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

7. Birth date of deceased Mar. 16 1931
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 5 5 hr. min.

9. Birthplace Glendale Calif
(City, town, or county) (State or foreign country)

10. Usual occupation School Age

11. Industry or business

12. Name Edwin F. Miller

13. Birthplace Minneapolis Minn.
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn
Code

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

16. (a) Informant Evelyn Miller

(b) Address 2840 - Walton Rd Overland, Mo

17. (a) burial (b) Date thereof 8-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Park

18. (a) Signature of funeral director Gurney

(b) Address 504 Woodson Rd Overland, Mo

19. (a) Aug 22 1942
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21
year 1942 hour 12 minute 16 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 fracture of skull Extracranial

hemorrhage of brain. When he

fell from a porch to the concrete

base ment entrance at 2925 Edgemoor

at St. Johns station about

time to 4 PM 8/20/42

Other conditions (Include pregnancy within 3 months of death)

Major findings: Pending

Of operations

Of autopsy

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) Accident

(b) Date of occurrence 8/20/42

(c) Where did injury occur? St. Johns Station St. Co
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Private Place

While at work (Specify type of place) Means of injury 3

23. Signature Thomas F. Callahan (M. D. or other)

Address Deputy Coroner Date signed 8/22/42

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

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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.....

Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address.....

Overland Mo

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.