V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -5 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39100

Primary Registration District No. 1003

Registrar's No. 10843

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

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: Childrens Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 000 17 526

(a) State Missouri. (b) County

(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")

(d) Street No. 4031 N.9th. St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Eugene Miller

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single.

6. (b) Name of husband or wife

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

7. Birth date of deceased September 29 1940
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
2	2	27	hr. min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Child.

11. Industry or business

FATHER
12. Name William E. Miller.
13. Birthplace Illinois.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Mitchell.
15. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant William E. Miller
(b) Address 4031 N.9th.St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-29-42. (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) DEC 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1942 hour 1:20 A.M. minute M.

21. I hereby certify that I attended the deceased from December 24, 1942, to December 26, 1942 that I last saw him alive on 12/26/42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute laryngo tracheo bronchitis	24 hours
Due to Non-diphtheritic	
Due to 0	
Other conditions (Include pregnancy within 3 months of death) 0	

Major findings:
Of operations

Of autopsy Acute laryngotracheitis

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)

(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 (e) Means of injury

23. Signature L. L. Barnett (M. D. or other)

Address Children's Hosp. Date signed 12/26/42

(Licensed Embalmer's Statement on Reverse Side)

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis ave

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.