

FILED JUN 12 1943

Registration District No. 277

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Centaur, Mo.
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Arthur F. Miller

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased Oct. 29 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 7 3 hr. min.

9. Birthplace Labadie Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter's helper

11. Industry or business Weldon Sprgs. Ord. Plant

MOTHER FATHER { 12. Name Geo. N. Miller
13. Birthplace Stanton Mo.
14. Maiden name Sarah L. Maupin
15. Birthplace New Haven Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lucille Muldrow
(b) Address 4815 S. Bway, St. Louis, Mo.

17. (a) Burial (b) Date thereof 6-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Labadie Mo. Cent.

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address 131 W. Argonne, Kirkwood, Mo.

19. (a) JUN 7 1943 (b) E. J. McParlan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1943 hour 12:10 minute A 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 Struck by Rock Island freight train while lying between rails.

Due to Body completely mutilated.
Due to _____

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

Major findings: 169-6
Of operations _____
Of autopsy _____

Duration _____
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. 096
(b) Date of occurrence June 2, 1943

(c) Where did injury occur? Centaur, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Louis H. Bopp (M. D. or D. O.)
Address Kirkwood, Mo. 6-2-43 Date signed _____

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.....
....., 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.