

Registration District No. **318**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 Days  
(Specify whether years, months or days)  
In this community 9 Days

3. (a) PRINT FULL NAME CHAS. VALLEY MILLER

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

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

6. (b) Name of husband or wife CLARA 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Dec 18 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 8 0     hr.     min.

9. Birthplace Mc Comb Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business Gulf-Mobile-Ohio RR.

12. Name Leonard Miller

13. Birthplace Unknown Louisiana  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Susan L. Miller

(b) Address Mc Combs, Mississippi

17. (a) Removal (b) Date thereof Aug 19 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mc Combs, Miss.

18. (a) Signature of funeral director Alexander Lewis

(b) Address 6175 Delmar Blvd

19. (a) Aug 19 1943 (b) J. Bradeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mississippi (b) County Hinds  
(c) City or town Jackson  
(If outside city or town limits, write "RURAL")  
(d) Street No. 758 Loraine  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country    

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18  
year 1943 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from August 10 1943 to August 18 1943  
that I last saw him alive on August 18 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion  
Duration minutes

Due to      
Due to    

Other conditions Old myocardial infarction  
(Include pregnancy within 3 months of death)

Major findings: Chronic gastritis  
Operations    

Of autopsy    

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?    

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

23. Signature Gilbert Wright (M. D. or other)      
Address Mo. Pac. Hosp. Date signed 8-18-43

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

MOTHER FATHER

OCT 8 1948

OCT 11 1948

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 Jose McCullot

Licensed Embalmer No. 2462

P. O. Address 6170 Delmar

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.