No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42733

Registration District No. FILED DEC 24 1946

Primary Registration District No. 1003

Registrar's No. 10688

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski

(c) City or town Laquey
(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 Cecil Everett Miller

3. (b) If veteran, name war Unknown

3. (c) Social Security No. 487-03-0403

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Florence Miller

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

7. Birth date of deceased May (Month) 13 (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
37	7	0	hr. min.

9. Birthplace Pulaski County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William T. Miller
13. Birthplace Pulaski County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ida M. Godfrey
15. Birthplace Pulaski County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Florence Miller
(b) Address Laquey, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-46 (Month) (Day) (Year)
(c) Place: burial or cremation Laquey, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 13 1946 (Date received local registrar) (b) J Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1946 hour 12 minute 30 A M.

21. I hereby certify that I attended the deceased from Nov 11, 1946 to Dec 13, 1946
that I last saw him alive on Dec 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death? Periarteritis nodosa

Due to

Due to

99

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None performed

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)

(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 FR Bradley (M. D. ~~or other~~)
Address Barnes Hospital Date signed 12-13-46

(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.....G W Wilkins

Licensed Embalmer No.....3570

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.