

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 869

1. PLACE OF DEATH a. COUNTY StLouis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY StLouis	
b. CITY (If outside corporate limits, write RURAL and give TOWN Maryland Heights township)		c. CITY (If outside corporate limits, write RURAL and give township) 25 TOWN Maryland Heights 11250	
d. FULL NAME OF HOSPITAL OR INSTITUTION 26 Shumate		d. STREET ADDRESS (If rural, give location) 26 Shumate 10	

3. NAME OF DECEASED (Type or Print) a. (First) Charles	b. (Middle) A	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) 4-4-1950
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-12-1911	9. AGE (In years last birthday) 39 <small>IF UNDER 1 YEAR Months</small> <small>IF UNDER 24 HRS. Hours Min.</small>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Salesman	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poplar Bluff Mo 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Luther Miller	13b. MOTHER'S MAIDEN NAME Emma Hendricks	14. NAME OF HUSBAND OR WIFE Martha Miller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Martha Miller 26 Shumate Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause unknown		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 795.5	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **7:15a** m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Soule (Degree or title) Local Registrar of Vital Statistics	23b. ADDRESS 651 South Brentwood Boulevard	23c. DATE SIGNED 4/4/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-4-1950	24c. NAME OF CEMETERY OR CREMATORY Little Bushy	24d. LOCATION (City, town, or county) (State) near Poplar Bluff Mo
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DATE REC'D BY LOCAL REG. 4-4-50	REGISTRAR'S SIGNATURE Herbert R. Soule	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc.	ADDRESS 6104 Manchester Ave. St. Louis 10, Mo.
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WRITE PLAINLY—USING 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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

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.