

MAR 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5010  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis Missouri (d) Street No. St. Luke's Hospital St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

791

Registration District No. ....  
Primary Registration District No. 1003

Registered No. 1703

2. PRINT FULL NAME Rosa Lee Miller

(a) Residence, No. .... St. NR Granite City Ill.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
47 5 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Schoolteacher  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Illinois

FATHER 13. NAME David Miller  
14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Rosa Albertes  
16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) New York

17. INFORMANT Benny Miller  
(ADDRESS) Granite City Ill.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Edwardsville Ill DATE Feb. 24, 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe Inc.  
(ADDRESS) 4700 Washington Blvd.

20. FILED FEB 23 1939 19 1939  
J. B. Budak  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1939

22. I HEREBY CERTIFY: That I attended deceased from Jan 27, 1939 to Feb 22, 1939  
I last saw him alive on Feb 21, 1939 Death is said to have occurred on the date stated above, at 120 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Jejunum  
Jejunum

Date of onset

Other contributory causes of importance:  
Hemorrhages from ulcerated carcinoma

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) J. P. Gay  
(Address) 737 University Ave. Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1703

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**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 *Albert E. Hopper*

Licensed Embalmer No. *2971*

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, above space should be left blank.**