

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

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.

Registration District No. 791 Primary Registration District No. \_\_\_\_\_ Registrar's No. 5801  
1008

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: 5102 MAPLE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Mo.  
(Specify whether \_\_\_\_\_)

In this community 50 yrs.  
years, months or days)

3. (a) PRINT FULL NAME ETTA MILLNER

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Late Sam Miller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

8. AGE: about 102

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Morris Miller

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Robert Miller

(b) Address 4426 Page Blvd.

17. (a) Burial (b) Date thereof June 30 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Choral Kadisha

18. (a) Signature of funeral director Wendlandt Funeral Home

(b) Address 4469 Washington Blvd.

19. (a) JUN 30 1939 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County \_\_\_\_\_

(c) City or town ST. LOUIS, MO. 15  
(If outside city or town limits, write "RURAL")

(d) Street No. 5793 Kingsbury  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 50 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th  
year 1939 hour 3:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1935, to June 29th, 1939;  
that I last saw her alive on June 28th, 1939;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis with uremia Duration 5 years

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions General Senile Changes  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations none

Of autopsy none

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: no

(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 Joseph Davis (M. D. or other) \_\_\_\_\_  
Address 650 Century Bldg Date signed 6-29-39

**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, above space should be left blank.**