

1937 AUG 11 1937 01

Registration District No. 1000

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since July 4, 1939
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME 460 Annie Miller

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

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

6. (b) Name of husband or wife Fred Miller 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased February 18, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>4</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Harrison Mo Miss. Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Dave Byers Byers

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

14. Maiden name Susie Booze

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

16. (a) Informant's own signature Abraham Byers

(b) Address 1519 Carr Street
7/15/39

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

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Jas. H. Randle & Son

(b) Address 3133 Bell Avenue

19. (a) JUL 12 1938 (Date received local registrar) J. B. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1442 N Jefferson
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1939 hour 12 minute 50 p. M.

21. I hereby certify that I attended the deceased from July 4, 1939
to July 9, 1939, 19____
that I last saw her alive on July 9, 1939, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia 10 days
1 year

Due to --

Due to --

Other conditions Cardiac Hypertrophy

Major findings: Of 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?
_____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature H. J. Lyman (M. D. or other) _____
Address 2001 North St. Date signed 7-11-39

Duration

10 days

1 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

USE OPAVING 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.

1937

42-47-1117
Emanuel Thompson

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.