

Registration District No. **1003**

Primary Registration District No. _____

1. PLACE OF DEATH:

- (a) County St Louis
 (b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St Marys Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Days
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME EMMA MILLER H60

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced, single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 15 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Fredrick Ky
(City, town, or county) (State or foreign country)10. Usual occupation House work

11. Industry or business _____

12. Name Not known13. Birthplace _____
(City, town, or county) (State or foreign country)14. Maiden name Not known
15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mary Collins(b) Address 2616 Glasgow, ave17. (a) Burned (b) Date thereof 9-22-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director W. H. Hardin(b) Address 2625 Glasgow19. (a) SEP 21 1939
(Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County _____
 (c) City or town St Louis **20**
(If outside city or town limits, write "RURAL")
 (d) Street No. 2516 Glasgow
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th
 year 1939 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from Sept 14
 1939, to Sept 19th, 1939;that I last saw h. alive on Sept 19th, 1939;
 and that death occurred on the date and hour stated above.Immediate cause of death: Cerebral Hemorrhage Duration 3 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Cerebral hemorrhage

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? _____

While at work? 1 (Specify type of place) _____
 (e) Means of injury _____23. Signature C. S. Collins (M. D. or other) _____Address 1916 AM Grand Date signed Sept 20 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

W. Richards

Licensed Embalmer No. *2898*

P. O. Address *2555 Glendale*

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.