DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D OCT 14 1939

791

1008

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31116

Registration District No.

Primary Registration District No.

Registrar's No. 8179

1. PLACE OF DEATH:

(a) County 1

(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: ISOLATION HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 DAYS (Specify whether

In this community years, months or days) 3 MONTHS AND 12 DAYS

3. (a) PRINT FULL NAME MARY ELIZABETH MILLER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased JUNE 8th 1939 (Month) (Day) (Year)

8. AGE: Years 0 Months 3 Days 12 If less than one day hr. min.

9. Birthplace ST. LOUIS MO. (City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name CHARLES A MILLER
13. Birthplace POPLAR BLUFF MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARTHA SCOFIELD
15. Birthplace GIDEON MO. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Stella Grady

(b) Address 5600 Arsenal St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 99/23/39. (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd. St. Louis, Mo.

19. (a) SEP 22 1939 (Date received local registrar) (b) J. F. Bechtel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State MISSOURI (b) County ~~CLAYTON~~ 23

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

(d) Street No. PAGE AND RUCKERT 8208 S. 7th St. (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 21st year 1939 hour 1:40 minute P. M.

21. I hereby certify that I attended the deceased from SEPTEMBER 14th, 1939, to SEPTEMBER 21, 1939 that I last saw her alive on SEPTEMBER 21st, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pertussis	2 wks
Due to	
Due to	
Other conditions Bronchopneumonia (Include pregnancy within 3 months of death)	2 da.

Major findings:
Of operations
Of autopsy Bronchopneumonia

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 None

(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 Geo. S. Boyle M.D. (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

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 H. Hampe

Licensed Embalmer No. 1861

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.