

N. E.—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.

 DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

DEC 19 1939 791

 MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH

 State File No. 37980  
 9819

Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH: 1005

- (a) County 1  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
City Hospital, #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 hrs.  
 (Specify whether

 In this community  
 years, months or days

 3. (a) PRINT  
 FULL NAME

Baby Miller
460

 8. (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

NOV. 14 1939  
 (Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

—
—
—
4 hrs  
 hr. min.

9. Birthplace

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

MO.  
 (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

EDWARD MILLER C.

13. Birthplace

MISSOURI  
 (City, town, or county) (State or foreign country)

MISSOURI  
 (State or foreign country)

14. Maiden name

DOROTHY MANION
MISSOURI  
 (City, town, or county) (State or foreign country)

15. Birthplace

MISSOURI  
 (City, town, or county) (State or foreign country)

MISSOURI  
 (State or foreign country)

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

 (b) Address 2836 Oregon av

 17. (a) BURIAL  
 (Burial, cremation, or removal)

 (b) Date thereof NOV 18 39  
 (Month) (Day) (Year)

 (c) Place: burial or cremation Bourbon, Mo.

 18. (a) Signature of funeral director E. J. Schurr

 (b) Address 3125 Lafayette av

 19. (a) NOV 17  
 (Date of registration)

 (b) J. Bradeck  
 (Signature of registrar)

## 2. USUAL RESIDENCE OF DECEASED: 1

- (a) State MO. (b) County \_\_\_\_\_  
 (c) City or town ST. LOUIS 24  
2836 Oregon (If outside city or town limits, write "RURAL")  
 (d) Street No. CITY HOSPITAL  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

## MEDICAL CERTIFICATION

 20. DATE OF DEATH: Month November day 14,  
 year 1939 hour 7:55 minute A. M.

 21. I hereby certify that I attended the deceased from November  
14, 1939 to November 14, 1939

 that I last saw her alive on November 14, 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Prematurity  
(6 mos gestation)

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

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

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

 Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

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? \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

 23. Signature H. Lattuada (M. D. or other)

 Address City Hospital #1 Date signed 11-18-39

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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.....

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.**

*not Embalm.*