

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.

JAN 12 1939 791

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH: 1000 2

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: 1440 Cass Ave.
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")

(d) Street No. 1440 Cass Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Miller H 613

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 Widowed

6. (b) Name of husband or wife Charles Miller

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

7. Birth date of deceased May 30, 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Hanlon

18. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

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

(b) Address 1440 Cass Ave.

17. (a) Burial (b) Date thereof Dec. 6, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Harrigan & Sheahan

(b) Address 4415 Washington Blvd.

19. (a) DEC 4 1939 (b) J. F. Buschek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day third
year 1939 hour Four minute 0 M.

21. I hereby certify that I attended the deceased from Dec 2nd, 1939 to Dec 3, 1939
that I last saw her alive on Dec 2nd, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage 3 days

Due to hypertension 6 yrs

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John S. ... (M. D. or other) _____

Address 1508 N. Grand Blvd. Date signed Dec 7, 1939

*Mrs. ...
...
1-3 Jan.*

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.