

FILED MAR 12 1940

Registration District No. 701

Primary Registration District No. 1003

Registrar's 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:  
910 Montgomery 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community, 60 years  
years, months or days)

8. (a) PRINT FULL NAME Bridget Miller,

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 27th, 1848  
(Month) (Day) (Year)

8. AGE: Years 91 Months 2n Days 18  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ireland 5  
(City, town, or county) (State or foreign country)  
Housework

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Unknown 9

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

14. Maiden name Unknown 9

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

16. (a) Informant T.L. Lyons,  
 (b) Address 14143 San Francisco Ave.,

17. (a) Burial (b) Date thereof Feb. 17th, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director H. Lidner and Co

(b) Address 1417 N. Market Street.

19. (a) FEB 16 1940 (b) J.F. Beedick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
 (c) City or town St. Louis 26  
(If outside city or town limits, write "RURAL")  
910 Montgomery Street.  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 60 years. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15  
 year 1940 hour 9 minute 20 a. M.

21. I hereby certify that I attended the deceased from Jan 27, 1940, to Feb 15, 1940  
 that I last saw him alive on Feb 15, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic Duration \_\_\_\_\_

Cholelithiasis and  
Infarction of age  
arterio sclerosis.

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

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

Other conditions 930  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of plant) (e) Means of injury

23. Signature Leino A. Seal \_\_\_\_\_

Address 2625 E. 9th St Date signed 2/16/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Reuter*  
*ped. & Montgomery*

**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 L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

**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.**