

Registration District No. 791 Primary Registration District No. 1003

FILED MAR 12 1940

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

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:
6568 Scanlan 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

3. (a) PRINT FULL NAME 46 Kate 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 Widow

6. (b) Name of husband or wife Edward Miller 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 21 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name William Hill
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Eva Blenkerberger
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Miller
(b) Address 6568 Scanlan

17. (a) Burial (b) Date thereof 2/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 3225 Lafayette Ave

19. (a) Feb 21 1940 (b) J. F. Budel
(Date of local burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (3)
(If outside city or town limits, write "RURAL")
(d) Street No. 6568 Scanlan Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21st
year 1940 hour 2: minute 05 A.M.

21. I hereby certify that I attended the deceased from Jan. 26th
1940 to Feb. 20, 1940
that I last saw her alive on Feb. 20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 2 days

Due to Arteriosclerosis Second year

Due to Chronic Myocarditis Second year

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 E. V. Wilcox M.D. (M. D. or other) M.D.
Address 3201 Swanton Ave. Date signed 2-21-40

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 Jose B. Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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.