

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEAD AUG 16 1940

Registration District No. 421

Primary Registration District No. 4249

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Patuxent mo
(c) Name of hospital or institution _____
(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 11 mo

3. (a) PRINT FULL NAME Elizabeth Miller

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced undiv
6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 23 1862
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation house wife

11. Industry or business _____

12. Name Leonard Burman

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

14. Maiden name Francisca Schubert

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

16. (a) Informant's own signature M. J. Miller

(b) Address Weingarten, mo

17. (a) burial (b) Date thereof July 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weingarten mo

18. (a) Signature of funeral director George J. ...

(b) Address St. ...

19. (a) July 9 1940 (b) J. E. Rutledge, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1940 hour _____ minute 4:50 AM

21. I hereby certify that I attended the deceased from July 17 to July 29, 1940
that I last saw her alive on July 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease of the Heart Duration 6 mo

Due to _____

Due to _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations 94 P

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? 382
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature W. ... (M. D. or other) _____

Address Crystal City mo Date signed 7/29/40

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

Rev. 5-17-39
11 X19511

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 Jerome J. Spitzer
Licensed Embalmer No. 3817
P. O. Address St. Genevieve Mo

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.