No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
LEP AUG 5 1940

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26271

Registration District No. 7824 Primary Registration District No. 200 Registrar's No. 1337

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

1. PLACE OF DEATH:

(a) County Lemay, St. Louis
(b) City or town Lemay (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 (years, months or days) two days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 8331 N. Broadway (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Susie Mae Miller 460
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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 31 (Day) 1925

8. AGE: Years 14 Months 6 Days 15 If less than one day hr. min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation school girl
11. Industry or business Richmn Kentucky
FATHER
12. Name James Miller
13. Birthplace (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Nina Alridge
15. Birthplace (City, town, or county) Kentucky (State or foreign country)
16. (a) Informant James Miller
(b) Address 8331 N. Broadway 7-20-40
17. (a) Removal (Burial, cremation, removal) (b) Date thereof Richman, Ky.
(c) Place: burial or cremation 7/18/40 Richman, Ky.
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address
19. (a) JUL 18 1940 (Date received local registrar) 20 Michigan (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1940 hour 4 minute P M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental drowning while wading in the Meramec River at Club Beach. (Dead body recovered on July 17, 1940 at 10AM)
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 statistically.

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22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence July 15, 1940
(c) Where did injury occur? Club Beach, St. Louis Co. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? no (e) Means of injury Drowning
23. Signature John O'Connell (M. D. or other)
Address Coroner of St. Louis Co. Date signed 7/18/40

(Licensed Embalmer's Statement on Reverse Side)

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 Olney E. Fendler

Licensed Embalmer No. 4148

P. O. Address 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.