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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 590

Registration District No. 791 — AUG FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 590

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: 3648 Russull Pl. (If not in hospital or institution, write street number or location)

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

In this community 31 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 1717

(d) Street No. 3648 Russell Pl. (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mattie (Martha) Miller

3. (b) If veteran, name war No

3. (c) Social Security No. 493-67-7649

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 26, 1885 (Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 21 If less than one day hr. min.

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

10. Usual occupation Garment Worker

11. Industry or business

FATHER
12. Name Thomas Barker
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Anna Mays
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Frank C. Miller
(b) Address 3648 Russel Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 / 21 / 41 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Oscar J. Hoffmeister
(b) Address 4016 Chippewa Ave

19. (a) JAN 20 1941 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 year 1941 hour 5 minute 40. A. M.

21. I hereby certify that I attended the deceased from Jan 12, 1941, to Jan 17, 1941 that I last saw her alive on Jan 15th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia — Duration 1/12/41

Due to

Due to

Other conditions Influenza (Include pregnancy within 3 months of death) acute Gastro Enteritis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Leo E Wilucki (M. D. or other)

Address 5407 A Gravois Ave Date signed 1/20/41

(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 Ernest W. Spillars

Licensed Embalmer No. 4080

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, fact should be so stated above.