No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12805
3235

FILED MAY 13 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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: 2403a Hadley St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1 Year.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000 724

(c) City or town St. Louis. 6
(If outside city or town limits, write "RURAL")

(d) Street No. 2403a Hadley St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Prentice I. Miller.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Female. 1

5. Color or race White

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

6. (b) Name of husband or wife Harris Miller

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased May 4 1906.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
34	11	9	hr. min.

9. Birthplace Mississippi. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

MOTHER FATHER

12. Name S. M. Mahaffey.

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

14. Maiden name Unknown.

15. Birthplace Unknown. 6
(City, town, or county) (State or foreign country)

16. (a) Informant Harris Miller.

(b) Address 2403a Hadley St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-15-41. (Month) (Day) (Year)

(c) Place: burial or cremation Friedens cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) APR 15 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1941 hour 2 minute a. M.

21. I hereby certify that I attended the deceased from Nov. 19 40, to April 12 19 41; that I last saw her alive on April 12 19 41; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sarcoma of left face and mandible (malignant)	2 yrs.
Due to N. M.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Sarcoma left face + mandible
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 C. E. Fischer (M. D. or other)

Address 3427 Washington Date signed 4/14/41

(Licensed Embalmer's Statement on Reverse Side)

Dr Leischer or Gray.
Barnard Shin & Carver Hosp
Jr 3621.

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 Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.