

Registration District No. 7911 Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution:
3228a Henrietta
(d) Length of stay: In hospital or institution.
In this community years, months or days

3. (a) PRINT FULL NAME Rose Miller
(b) If veteran name war none
(c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John Miller
6. (c) Age of husband or wife in years
7. Birth date of deceased Jan 1, 19 1872

8. AGE: Years 69 Months 4 Days 3

9. Birthplace Missouri

10. Usual occupation nil

11. Industry or business

MOTHER FATHER { 12. Name Robert Wright
13. Birthplace Missouri
14. Maiden name Margaret Unknown
15. Birthplace Mo.

16. (a) Informant Mrs Minerva Eckler
(b) Address 4320 Hartford

17. (a) Burial (b) Date thereof 5/24/41

(c) Place: burial or cremation Verona Missouri

18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 3125 Lafayette

19. (a) MAY 23 1941 (b) J. P. Brudick

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(d) Street No. 3228a Henrietta
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1941 hour 7:30 minute P. M.

21. I hereby certify that I attended the decedent from May 24 to May 22 1941
that I last saw her alive on May 22 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Coronary Disease
Due to Chronic Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9/2
Of autopsy 9/2

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature E. J. Schnur (M. D. or 1)
Address 1537 So Grand Bl Date signed

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

10
17
19

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.....

Joseph B. Hollmer

Licensed Embalmer No. *41014*

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, fact should be so stated above.

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