

No. 2  
1-4-41  
17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
AUG SEP 17 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26715  
Registrar's No. 6507

Registration District No. 791  
Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 5387 Cote Brilliant Ave.  
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Miller  
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 Sept. 10 1867 (Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 27 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name Henry Miller  
13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Charles Miller  
(b) Address 5387 Cote Brilliant Ave.

17. (a) Burial (b) Date thereof 8-9-41 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Oak Grave Cem.

18. (a) Signature of funeral director Drehmann-Harral  
(b) Address 1905 Union Blvd.

19. (a) AUG 9 1941 (b) J. J. Fredrick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County  
(c) City or town St. Louis  
(d) Street No. 5387 Cote Brilliant Ave.  
(e) Citizen of foreign country? (Yes or No) 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7 year 1941 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 29 July 1941 to Aug 7 1941 that I last saw him alive on Aug 7 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the Left Breast Generalized Carcinomatosis

Due to: [Signature]  
Due to:  
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations:  
Of autopsy:

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) Means of injury:  
23. Signature Robert J. Jamell (M. D.)  
Address 624 N. Union Date signed 8/14

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

000  
17  
69

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

624 Blueians Fo. 7619  
1 to 2:30 + 7-9 AM

**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 Warren A. Carver  
Licensed Embalmer No. 3534  
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.**