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FILED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. 30257  
Registrar's No. 7596

Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH  
 (a) County FILED OCT 18 1941  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1513a Menard St. /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community.....  
 years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 000  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL") 2<sup>nd</sup> St. 1<sup>st</sup>  
 (d) Street No. 1513a Menard St.  
 (If rural, give location) 9  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Sept day 18  
 year 1941 hour 9 minute 15 P.M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Adolph Miller  
 6. (c) Age of husband or wife if alive 53 years  
 7. Birth date of deceased ?  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/6/41 19... to 9/18/41 19...  
 that I last saw her alive on 9/18/41 19...  
 and that death occurred on the date and hour stated above.

8. AGE: Years About 58 Months Days If less than one day  
 hr. min.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

9. Birthplace Waterloo / Illinois  
 (City, town, or county) (State or foreign country)

Due to Pulmonary Embolism  
Left femoral Phlebitis 1 week

10. Usual occupation At Home

Due to Fracture left Tibia Fibula 2 months  
result of auto accident

11. Industry or business \_\_\_\_\_

Other conditions at Broadway & Olive  
 (Include pregnancy within 6 months of death)  
Deceased was a pedestrian

MOTHER FATHER { 12. Name Seth Hyman  
 13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown 170 (City, town, or county) (State or foreign country)  
 15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Dr. C. C. Drace, Sr.  
 (b) Address 3702 Gravois Road.

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

17. (a) Burial (b) Date thereof 9 - 20 - 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation New St. Marcus Cemetery

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Accident  
 (b) Date of occurrence July 6, 1941  
 (c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, or industrial place, in public place?  
Pub. Place

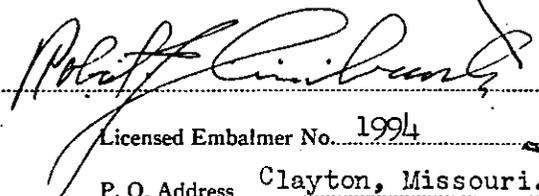
18. (a) Signature of funeral director Robert J. Ambruster  
Clayton Road at Concordia Lane.  
 (b) Address \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
 (e) Means of injury Auto  
 23. Signature Dr. C. C. Drace (M. D. or D. O.)  
 Address 3702 Gravois Date signed 9/19/41

19. (a) Sept 23-41 (b) Dr. J. B. Budeck  
 (Date received local registrar) (Registrar's signature)

**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   
Licensed Embalmer No. 1994  
P. O. Address Clayton, Missouri.

**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.**