No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30404

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7743

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9

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6427 Virginia Ave.,
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis 1 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6427 Virginia Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella Miller

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

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

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

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

7. Birth date of deceased April 3, 1872 (Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 22 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business At Home

FATHER
12. Name Victor Petit
13. Birthplace France (City, town, or county) 5 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Rose Kuhns 1
(b) Address 6427 Virginia Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6377 South Grand

19. (a) SEP 26 1941 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25th year 1941 hour 9 a.m. minute M.

21. I hereby certify that I attended the deceased from 1-5-1934 to 9-25-1941; that I last saw him alive on 9-25-1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary embolus	3 hrs
Due to: Arteriosclerosis, general Typ	
Due to: hypertension	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy no

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 [illegible] (M. D. or other) M.D.
Address 332 S. 5 Grand Date signed 9/26/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Eugene Vogel
3325 S. Grand
PR. 0549
2-4 AM 30 7-8 PM

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

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.