

FILED OCT 18 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7782

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 23 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1618 5th Third St 7  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
No Attending Physician 0

3. (a) PRINT FULL NAME

Bessie Miller

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month Sept day 27<sup>th</sup>  
year 1941 hour 12 minute 30 am  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

Immediate cause of death: Aortic Stenosis Chronic Myocarditis Old Cerebral Cyst - Probably due to all these  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

Duration

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) \_\_\_\_\_ (Specify type of injury)  
23. Signature Alfred J. Garry (M. D. or other) 3  
Address 1618 5th Third St Date signed 9/30/41

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

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name EDWARD OSTER  
13. Birthplace MARYLAND  
(City, town, or county) (State or foreign country)  
14. Maiden name LOUISE HERDER  
15. Birthplace INDIANA  
(City, town, or county) (State or foreign country)  
16. (a) Informant JAMES C. MILLER  
(b) Address 1618 SOUTH THIRD  
17. (a) DURIAL (b) Date thereof 9-29-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation CONCORDIA MATERNITY  
18. (a) Signature of funeral director SULLIVAN  
(b) Address 2849 No Euclid Ave  
19. (a) SEP 28 1941 (b) J. J. Reddock  
(Date received local registrar) (Registrar's signature)

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**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

*Albert Mayfield*

Licensed Embalmer No.

P. O. Address

*3077  
Mexico Mo*

**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.**