

DEC 22 1941

1003

8994

Registration District No. 791

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City of Sanitarium No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 wks.
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Elsie I. Miller
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Williams 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 21, 1901
(Month) (Day) (Year)

8. AGE: Years 39 Months 10 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name James Morrill ;
13. Birthplace Ill. (City, town, or county) (State or foreign country)
14. Maiden name Lea Faculty
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant William E. Miller

(b) Address 4002 McRee Ave.

17. (a) Burial (b) Date thereof Nov 12, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director M. J. O'Connell

(b) Address 714 6th Main Bldg. St. Louis

19. (a) NOV 13 1941 (b) J. F. Budick
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0018
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1917
(d) Street No. 4002 McRee Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th
year 1941 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Under cause of death: Choking of Clottis Following Foreign body from piece of meat at meal time at City Sanitarium Nov 9-1941 about 11:50 am
Duration _____

Other conditions: _____ (Include pregnancy within 3 months of death)

Major findings: 95d atc
Of operations _____
Of autopsy 11:40 am
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) Accident

(b) Date of occurrence Nov 9-1941 11:50

(c) Where did injury occur? At Louie (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? City Sanitarium
(Specify type of place)

While at work? _____ (e) Means of injury 3

23. Signature Thomas F. Callaway (M. D. or other)
Address Deputy Coroner Date signed 11/11/41

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

20
0
9
9

8994

8998

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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7401 Zephyr, P.C.

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.