

FILED FEB 24 1942

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer Phillips Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 (Specify whether years, months or days)
 In this community 2 1/2 years

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")
 (d) Street No. 4255 W. Maffitt
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4, 1942
 year _____ hour 1 minute 40 P. M.
 21. I hereby certify that I attended the deceased from December 31,
 _____, 1941 to January 4, 1942
 that I last saw h. er. alive on January 4, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease
Uremia
 Duration Unknown

Due to _____
 Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Maggie Miller

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Cal 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife TOMMIE MILLER 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 12/12/1888
 (Month) (Day) (Year)

8. AGE: Years 53 Months - Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Missouri

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Tom Miller

(b) Address 4255 W. Maffitt ave

17. (a) _____ (b) Date thereof 1/9/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Road

18. (a) Signature of funeral director H. J. Smith

(b) Address 4247 St. Gabrielle

19. (a) JAN 8 1942 (b) J. Z. Brudek
 (Date received local registrar) (Registrar's signature)

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

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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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 2649th Delmar B

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.