

FILED APR 8 1942  
 Registration District No. 791

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
 (a) County .....  
 (b) City or town. ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2134 OREGON AV  
(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)

3. (a) PRINT FULL NAME ELEANORE MILLER

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

4. Sex. FEMALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife. ROY MILLER 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. MARCH 7 1910  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>32</u>	<u>0</u>	<u>4</u>	..... hr. .... min.

9. Birthplace. ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation. MIL

11. Industry or business.....

12. Name. HENRY KLUSMAN

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

14. Maiden name. HELEN GABELMAN

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

16. (a) Informant. Helen Klusman  
 (b) Address. 2134 Oregon av

17. (a) BURIAL (b) Date thereof. MARCH 14 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. CALVARY CEM.

18. (a) Signature of funeral director. E. J. Schur  
 (b) Address. 3125 Lafayette Av.

19. (a) MAR 13 1942 (b) J. F. Bedeck  
(Date registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State. MISSOURI (b) County.....  
 (c) City or town. ST. LOUIS  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2134 OREGON AV.  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. MARCH day 11  
 year. 1942 hour. 5 minute. 05 p. M.

21. I hereby certify that I attended the deceased from 11-24-1941  
 19..... to 9-11-1942  
 that I last saw her alive on 3-11-1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death. Simmonds Disease (Pitting casket)

Due to.....  
Pulmonary Oedema

Other conditions. (Include pregnancy within 3 months of death)  
62

Major findings:  
 Of operations.....  
 Of autopsy.....

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. Dr. Susan Doherty (M. D. of her)  
 Address. 1802 So Grand Date signed. 3-12-42

Duration  
4 yrs.  
2 days  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

