

**FILED MAY 7 1942**

Registration District No. **701**

Primary Registration District No. **1005**

**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:  
**Lutheran Hospital 0**  
(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County \_\_\_\_\_

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **5052 Potomac Ave.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **0**

**3. (a) PRINT FULL NAME** **Emma Miller**

(b) If veteran, name war **None**

(c) Social Security No. **None**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **April** day **20th**  
year **1942** hour **12:50** minute **P.M.** M.

4. Sex **Female /** 5. Color or race **White**

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

**21. I hereby certify that I attended the deceased from** **Apr 14**  
19 **to Apr 20** 19 **to Apr 20** 19 **to**

that I last saw her alive on **Apr 20** and that death occurred on the date and hour stated above.

7. Birth date of deceased **May 14th 1872**  
(Month) (Day) (Year)

8. AGE: Years **69** Months **11** Days **6** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_

Due to **Liver Abscess & Empyema**

Due to **Diabetes Mellitus & condition**

Due to **Ch. Myocarditis**

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

10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death) **61**

Major findings: Of operations **51**

Of autopsy **The above**

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name **Herman Elges**

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

14. Maiden name **Fredericka Unknown**

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

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

16. (a) Informant **Erwin Miller**

(b) Address **5052 Potomac Ave.**

17. (a) **Burial** (b) Date thereof **4-23-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter's Cemetery**

**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? \_\_\_\_\_

18. (a) Signature of funeral director **Kriegshauser Mortuary**  
**4228 So. Kingshighway Blvd.**

(b) Address \_\_\_\_\_

19. (a) **APR 22 1942** (Date received local registrar)

**J. F. Breda** (Registrar's signature)

(Specify type of place) \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (e) Means of injury **0**

Signature **R. Berg** (M. D. or other)

Address **2253 Webster** Date signed **4/20/42**

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

**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 *Reinhold H. Lehmann*

Licensed Embalmer No. *3395*

P. O. Address.....

**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.**