

FILED AUG 14 1942 791

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6649

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

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:
2511 1/2 W. St. Louis Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 35 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 2511 1/2 W. St. Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Myrtle M. Miller

3. (b) If veteran, name war: none
3. (c) Social Security No.: none

4. Sex: female / 5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: June 25 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 11
If less than one day hr. min.

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

10. Usual occupation: Housework

11. Industry or business:

MOTHER FATHER {
12. Name: Daniel Boone
13. Birthplace: Ky.
14. Maiden name: Unknown
15. Birthplace: Unknown

16. (a) Informant: Fred S. Miller
(b) Address: 4915 W. Pine Blvd.
17. (a) Cremation (b) Date thereof: 8-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Crematory

18. (a) Signature of funeral director: Hy. Leidner Und. Co.
(b) Address: 2223 St. Louis Ave.

19. (a) AUG 6 1942 (b) J. J. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th.
year 1942 hour 8:20 AM. minute M.

21. I hereby certify that I attended the deceased from Feb 1, 1942, to Aug 6 th, 1942
that I last saw h.e. alive on Aug 6 th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Breast
Duration: 2 yrs

Due to: 50
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.

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)
(e) Means of injury: D

23. Signature: Edward G. Berger (M. D. or other)
Address: 634 N. 3rd Ave. Date signed: 8-6-42

Edgar Berger

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.

Not Embalmed

Signed.....

John P. Buckley

Licensed Embalmer No. *1674*

P. O. Address *2233 St Louis*

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.