

FILED AUG 25 1942 9/8

Registration District No. ....

Primary Registration District No. .... 1003

Registrar's No. ....

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:  
St. Anthony's Hosp. 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)

3. (a) PRINT FULL NAME Mina Miller

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Louis F. Miller 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 4 1857  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 4 14 hr. .... min.

9. Birthplace New York N.Y. /  
(City, town, or county) (State or foreign country)

10. Usual occupation Hwk.

11. Industry or business at home

12. Name Charles Leppert

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Roos

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred L. Miller

(b) Address 5340 Lansdowne

17. (a) Burial (b) Date thereof 8-21-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director Kriegshausler Mortuar

(b) Address 4228 S. Kingshighway Blvd.

19. (a) AUG 19 1942 (Date received local registrar)  
J. F. Brudick (Registrar's signature)

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. 5340 Lansdowne Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th  
year 1942 hour 7:15 minute P.M. M.

21. I hereby certify that I attended the deceased from June 7 1942 to Aug 18 42  
that I last saw h.s.v. alive on Aug 18 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Chronic myocarditis  
Arterio sclerosis

Due to.....  
Due to.....

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

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. F. Brudick (M. D. or other)  
Address 3102 South Grand Date signed 8/19/42

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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.....

*Edwin A. McDermott*

Licensed Embalmer No. 3024

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.**