

FILED SEP 1 1942 318
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(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: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days
(Specify whether years, months or days)

In this community 27 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 4962 Park View Pl.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Patricia Helen Miller

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F. / 5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife George Miller

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Nov. 9th., 1920
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

21 9 10 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Hugh Muldoon

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

14. Maiden name Emma Debatine

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

16. (a) Informant George Miller

(b) Address 4962 Park View Pl.

17. (a) Burial (b) Date thereof 8-22-1942
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: Burial or cremation Barnes Hospital

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) AUG 21 1942 (b) J. F. Bredek
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 1942
year hour 10 minute 05 P. M.

21. I hereby certify that I attended the deceased from July 23, 1942, to August 19, 1942
that I last saw h. e. alive on August 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal bronchopneumonia

Due to 1 Rheumatic Ht disease 6 yrs
2 Bacterial endocarditis 6 wks
3 Uremia 2 wks

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)

Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature Roy E. Ahrens (M. D. examiner)
Address Barnes Hospital Date signed 8/20/42

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

MOTHER FATHER

OCT 8 1948

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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Lindell

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.