

**JAN 26 1943**

Registration District No. **218**

Primary Registration District No. **1000**

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

**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:  
5365 CABANNE /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME ALICE MILLER

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

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

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

7. Birth date of deceased SEP. 25 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>3</u>	<u>24</u>	hr. .... min.

9. Birthplace O'FALLON MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation SCHOOL TEACHER

11. Industry or business.....

MOTHER FATHER { 12. Name JACOB MILLER  
13. Birthplace NOT KNOWN 9  
(City, town, or county) (State or foreign country)  
14. Maiden name GILL  
15. Birthplace NOT KNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant ARTHUR ROSS  
(b) Address 5365 CABANNE ST. LOUIS MO

17. (a) BURIAL (b) Date thereof JAN. 21 '43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation O'FALLON MO.

18. (a) Signature of funeral director ALBERT H. HOPPE  
(b) Address 4700 WASHINGTON BLVD

19. (a) JAN 19 1943 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County 000  
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")  
(d) Street No. 5365 CABANNE (If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JANUARY Day 19  
year 1943 hour 8 minutes 45 M.

21. I hereby certify that I attended the deceased from January 17, 1943 to January 19, 1943  
that I last saw him alive on January 18, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia

Due to Broncho pneumonia  
(Duration about 1 week)

Due to.....

Other conditions (Include pregnancy within 3 months of death) 10 17

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 D. R. Parnau (M. D. or other) 0  
Address 3903 Olive Date signed 1/19/43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

FEB 3 1974

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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 *Albert G. Hoff*

Licensed Embalmer No. *2971*

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, above space should be left blank.**