DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

3493

State File No. 0

Registration District No. 1 FILED FEB 10 1943

Primary Registration District No. 111

Registrar's No. 121

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1107 Bellevue Ave
(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 Missouri (b) County St. Louis

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 1107 Bellevue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lulu E. 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 Widowed

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

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

7. Birth date of deceased July (Month) 18 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	5	27	hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

FATHER
12. Name Philip Kaes
13. Birthplace _____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name E Andrae
15. Birthplace _____ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mrs Anna Kern
(b) Address 1107 Bellevue Richmond Heights

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation Jedburg, Mo.

18. (a) Signature of funeral director Louis H Boggs Inc
(b) Address Kirkwood, Mo.

19. (a) JAN 10 1943 (Date received by local registrar) (b) C G McGovern MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15th year 1943 hour 10 minute 10 P M.

21. I hereby certify that I attended the deceased from 1930, 19__, to Jan 15th, 1943; that I last saw her alive on Jan 15th, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	10 min
Due to Arteriosclerosis	25 yrs
Due to Hypertension	30 yrs
Other conditions (Include pregnancy within 3 months of death) 94a	
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) no
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature B. Shanklin (M. D. or other)
Address 1514 So Jefferson Mo Date signed 1/15/43

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

50M-5-17-39 Rev. 8-17-39 I X19511

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 John M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo.

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.