

S. No. 2  
DM-5-42  
7-5-17-39  
F I X32873  
FILED FEB 16 1943 8

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. ....

1082

## 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:  
6762 Wise  
 (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 Emma T. Miller3. (b) If veteran,  
name war.....3. (c) Social Security  
No. Nil4. Sex Female / 5. Color or  
race. White 6. (a) Single, widowed, married,  
divorced Widowed6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if  
alive..... years7. Birth date of deceased. August 7, 1877  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
65 5 24 ..hr. min.9. Birthplace..... Iowa  
(City, town, or county) (State or foreign country)10. Usual occupation Nil

11. Industry or business.....

12. Name Pifer13. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)14. Maiden name..... Patterson  
(City, town, or county) (State or foreign country)15. Birthplace..... Unknown  
(City, town, or county) (State or foreign country)16. (a) Informant Lillian Miller(b) Address 6762 Wise17. (a) Burial (b) Date thereof. 2/3/43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New Pickers18. (a) Signature of funeral director Edith E. Ambruster(b) Address 4234 Manchester19. (a) FEB 2 1943 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6762 Wise  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country..... 0

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31  
year 1943 hour 5.45 P. M. minute .. M.

21. I hereby certify that I attended the deceased from

July 14, 1942, to January 31, 1943;  
that I last saw her alive on January 31, 1942;  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic myocarditis Duration  
?Due to Hypertension and Diabetes Mellitus ?

Due to ..

Other conditions Multiple Varicose ulcers of legs Many years  
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 H. Louis Schuchat (M. D. or other) 0Address 2200 Chateau ave Date signed 2-2-43

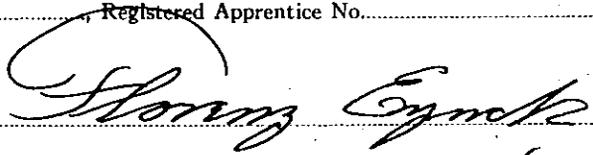
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**STATEMENT BY LICENSED EMBALMER**

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..... 

Licensed Embalmer No..... 1284

P. O. Address..... St Louis 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, fact should be so stated above.