

FILED MAY 5 1943

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **3721**

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

(d) Length of stay: In hospital or institution **2 Days.**
(Specify whether years, months or days)

In this community **35 Years.**
(Specify whether years, months or days)

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. **1439 Chambers St.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **1**

3. (a) PRINT FULL NAME **Catherine Miller.**

3. (b) If veteran, name war **No.** 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 **Late Pete Miller** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **August 11 1871**
(Month) (Day) (Year)

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

71 8 9 hr. min.

9. Birthplace **Sommerfield, Illinois.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework.**

11. Industry or business.....

MOTHER FATHER { 12. Name **John Weinerth.**

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

14. Maiden name **Unknown.**

15. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. E. Keuper.**

(b) Address **7904 Page Ave.**

17. (a) **Burial** (b) Date thereof **4-23-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cem.**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **APR 21 1943** **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **20**
year **1943** hour **10** minute **00** P.M.

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

Immediate cause of death **Fracture left femur, arteriosclerosis, and other changes of the heart.**
Due to **April 11th 1943 about 8:00 AM**

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) **Accident**

(b) Date of occurrence **April 16 1943**

(c) Where did injury occur? **at home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work?.....
(Specify type of place)

23. Signature **W. H. Perry** (M. D. or other)
Address **St. Louis** Date signed **4/21/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 P. Buchholz*.....

Licensed Embalmer No. *1674*.....

P. O. Address *2223 So. Lewis Ave*.....

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.