

No. 2  
4-13-40  
5-17-39  
X231

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16404

State File No. \_\_\_\_\_

LED JUN 9 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4914

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis Hospital  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days 9 hrs. (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4052 A Flad (If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Heslie Lynn Miller  
3. (b) If veteran, name war No  
3. (c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 27<sup>th</sup>  
year 1943 hour 11:30 A.M. minute \_\_\_\_\_ M.

4. Sex Female / race wh. 5. Color or \_\_\_\_\_  
6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
Infant alive \_\_\_\_\_ years  
7. Birth date of deceased May 25<sup>th</sup> 1943  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 25  
\_\_\_\_\_, 1943 to May 27, 1943.  
that I last saw her alive on May 26, 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
0 0 2 9 hrs min

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_  
Due to Premature separation of Placenta 2 weeks  
Prematurity

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 159

10. Usual occupation Infant

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name Hugh Lin Miller  
13. Birthplace Chester Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Alice Corvaine Heslie  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Mrs. H. G. Miller  
(b) Address 4052 A Flad, St. Louis, Mo.  
17. (a) Burial (b) Date thereof 5-28-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

23. Signature Arnold Sklar (M. D. or other) \_\_\_\_\_  
Address 2632 E. Kingshighway Date signed 5-27-43

18. (a) Signature of funeral director Wiegmann Mortuaries  
(b) Address 4238 So. Kingshighway  
19. (a) MAY 28 1943 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

\_\_\_\_\_  
(Licensed Embalmer's Statement on Reverse Side)

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.....

*No Embalming*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Richard H. Lehmann*

Licensed Embalmer No. *3395*

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, fact should be so stated above.