

FILED JUN 12 1943

Registration District No. ....

Primary Registration District No. 3063

Registrar's No. 1316

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 hrs. 45 min.  
(Specify whether)

In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Mo. (b) County St. Louis

(c) City or town S. Kinloch  
(If outside city or town limits, write "RURAL")

(d) Street No. 18 Winton Ave.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Miller Baby Girl "A"

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex female 5. Color or race colored

6. (a) Single, widowed, married, divorced single

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

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

7. Birth date of deceased April 14 1943  
(Month) (Day) (Year)

8. AGE:

|       |        |      |                      |
|-------|--------|------|----------------------|
| Years | Months | Days | If less than one day |
|       |        |      | <u>3 hr. 45 min.</u> |

9. Birthplace S. Kinloch Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name John Miller

13. Birthplace S. Kinloch Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Muriel Fairfax

15. Birthplace S. Kinloch Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant E. Brown

(b) Address St. Louis County Hospital

17. (a) Funeral (b) Date thereof 6-4-43  
(Burial, cremation, or removal) (Month) (Day), (Year)

(c) Place: burial or cremation St. Louis Crematory

18. (a) Signature of funeral director St. Louis Co. Hospital

(b) Address 201 S. Brentwood Clayton, Mo.

19. (a) JUN 4 1943 (b) E. J. McSherry  
(City, town, or county) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15  
year 1943 hour 1 minute :30 A.M.

21. I hereby certify that I attended the deceased from 4-14-43  
to 4-15-43, 19...  
that I last saw her alive on 4-15-43, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 61, 1940

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration

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).....

(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 E. J. McSherry (M. D. or other) M.D.

Address St. Louis Co. Hospital Date signed 4-12-43

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

36  
3126

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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.....

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.**