

State File No.

Registrar's No.

FILED JUL 13 1943 318

Registration District No.

Primary Registration District No.

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

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:
St. Anthony's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether

In this community..... (Yes or No)
years, months or days)

3. (a) PRINT FULL NAME KATHERINE MILLER

3. (b) If veteran. name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Paul 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased DEC 8 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 23 hr. min.

9. Birthplace Jackson Co., Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name John Reiss 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Margaret - (unk)

15. Birthplace unk 9
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Reizer
(b) Address 1534 Nebraska

17. (a) Removal (b) Date thereof 7 4 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Ill.

18. (a) Signature of funeral director Meyer Funeral Home
(b) Address Bellevue Hill

19. (a) DDP (b) J. J. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis 9mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1554 Nebraska
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1943 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from June 26 1943 to July 1 1943
that I last saw her alive on July 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis
cerebral hemorrhage

Due to arteriosclerosis

Due to cerebral hemorrhage

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

Major findings: arteriosclerosis
Of operations inflamed gastric ulcer
Of autopsy nodes

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)..... 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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature W. J. Bredek (M. D. or other) MD
Address 3318 B Grand Date signed 7-1-43

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.....

William J. Hiron

Licensed Embalmer No.....

4319

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!