V. S. No. 2
00M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29359

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1884

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 1340 Kingsland Ave.,
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 76

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 1340 Kingsland Ave.,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Hattie 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 Married

6. (b) Name of husband or wife Henry J. Miller

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 25, 1884.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	3	22	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name ? Mertz
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Henry J. Miller
(b) Address 1340 Kingsland Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19/43
(Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) AUG 18 1943 (Date received local registrar) C. G. McGaran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 16
year 1943 hour minute 9.50 A.M

21. I hereby certify that I attended the deceased from June 1, 1943, to August 16, 1943;
that I last saw her alive on August 13, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Hypertension	2 yrs
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations 930
Of autopsy

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

23. Signature [illegible] M.D. (M. D. or other)
Address 462 No Taylor Date signed 8/16/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. P.S. Wenzel
462 N. Taylor Ave.,
12-30- 4.00 P.M.
JE. 2110

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. 3225

P. O. Address 1125 Hodiamont 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.