

S. No. 2
M-2-43
5-17-39
FILED

Registration District No. **318**

Primary Registration District No. **1002**

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

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

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

In this community 25 yrs
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lucy Miller

3. (b) If veteran, name was No

3. (c) Social Security No. No

4. Sex female

5. Color or race white

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

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

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

7. Birth date of deceased June 20, 1851
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
92	3	13	hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER {

12. Name Miller

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

14. Maiden name Mary Elizabeth Chaddock

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

16. (a) Informant Harry Wheeler

(b) Address 3662 Commonwealth

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 10/6/43
(Month) (Day) (Year)

(c) Place: burial or cremation Truxton, Mo.

18. (a) Signature of funeral director Berger Memorial

(b) Address 4715 McPherson

19. (a) OCT 5 1943
(Date received from registrar)

J. F. Burch
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 76

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

(d) Street No. 3662 Commonwealth
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd
year 1943 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from 9/3/43
3/3/43 to 9/3/43
that I last saw her alive on 9/3/43
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Myocardial Infarction
Myocardial Infarction

Due to Myocardial Infarction

Due to Myocardial Infarction

Other conditions (Include pregnancy within months of death)

Major findings: Of operations 5 18

Of autopsy 18

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence 10/3/43

(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?

While at work? no (Specify type of place)

Means of injury fall

23. Signature W.P. Baker (M. D. or other)

Address 4500 Olive Date signed 10/24/43

Duration 24 hrs

PHYSICIAN 6220

Underline the cause to which death should be charged statistically.

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. 1597

P. O. Address 4715 McChesney

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.