

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 2790

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pine Crest Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Sue Bettie 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 1-divorced Widowed
6. (b) Name of husband or wife Edward Miller 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased 9 24 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 72 0 15 hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER
12. Name Johas Beard
13. Birthplace UN KNOWN 9
(City, town or county) (State or foreign country)
14. Maiden name UN KNOWN
15. Birthplace UN KNOWN 9
(City, town or county) (State or foreign country)

16. (a) Informant Pine Crest Home

(b) Address Ballwin, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-43
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) 981 12 1943 (b) C. D. McQuinn, M.D.
(Date of final registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9th
year 1943 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from July 1st 1943, to October 1943
that I last saw her alive on October 8 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertatic bronchopneumonia

Due to Chronic myocarditis

Due to Chronic arthritis

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____

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 B. R. Loving (M. D. or other) MD
Address Ballwin, Mo. Date signed 10-9-43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Ernie W. Mc Dermott*

Licensed Embalmer No. *3024*

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.