

Registration District No. **818**

Primary Registration District No. **1003**

Registrar's No. **9880**

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:  
3906a Penrose St.  
(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 Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3906a Penrose St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth F. Miller

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

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

6. (b) Name of husband or wife John Miller 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan. 5th. 1894  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>10</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Henry Kasten

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

14. Maiden name Elizabeth Leimkuehler

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

16. (a) Informant John Miller  
(b) Address 3906a Penrose St.

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

(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Provost Ind. Co.  
(b) Address 3710 N. Grand Bld.

19. (a) NOV 9 1943 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 7th.  
year 1943 hour 3.10 minute P. M.

21. I hereby certify that I attended the deceased from Nov 7 1943 to Nov 7 1943  
that I last saw h. ER. alive on Nov 7 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral meningitis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions HO  
(Includes pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Amey Ross (M. D. or other) \_\_\_\_\_  
Address M-12 Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

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

Signed Robert L. Brinkman

Licensed Embalmer No. 255-3

P. O. Address 3710 N. Grand Bl

**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.**