No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

State File No. 5496

Registration District No. ____ Primary Registration District No. ____ Registrar's No. 1988

1. PLACE OF DEATH:

(a) County ____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7417 Pennsylvania Avenue
(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: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 7417 Pennsylvania Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME ELIZABETH EVA MILLER

3. (b) If veteran, name war ____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

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

7. Birth date of deceased March (Month) 7 (Day) 1869 (Year)

8. AGE: Years 74 Months 11 Days 21 If less than one day ____ hr. ____ min.

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

10. Usual occupation At home

11. Industry or business ____

FATHER
12. Name Henry Erb
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant Otto C. Miller, Son
(b) Address 7311A Minnesota Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/ 1/ 1944 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) FEB 29 1944 (Date received local registrar) J. F. Bredeck, (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th year 1944 hour 12 minute 35 A. M.

21. I hereby certify that I attended the deceased from Feb 5, 1944, to Feb 28, 1944 that I last saw her alive on Feb 27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon — Duration 1 year

Due to ____

Due to ____

Other conditions Arteriosclerosis (Include pregnancy within 3 months of death) — Chronic

Major findings:
Of operations H6
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 Roy [illegible] (M. D. or other)
Address 7702 Evans Date signed 7/28/44

(Licensed Embalmer's Statement on Reverse Side)

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

Louis C. Hoffmeister, Registered Apprentice No.

working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.