

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED MAR 6 1944

Registration District No. 317

Primary Registration District No. 3063

528

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

76
2
3

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Mary Miller

3. (b) If veteran, name war: -- 3. (c) Social Security No. --

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

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

7. Birth date of deceased May 15, 1894
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business NONE

MOTHER { 12. Name Joe Buckner
13. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Lewis
15. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant HANNIBAL MILLER
(b) Address SO. KINLOCH

17. (a) BURIAL (b) Date thereof 3 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation WASHINGTON PK. CEM.

18. (a) Signature of funeral director ROYD BROS. FUNERAL

(b) Address LIX and STANZA, SO. KINLOCH

19. (a) MAR 1 - 1944 (b) E. J. McFarlan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-26-44 day 9:15 hour 9:15 minute A. M.

21. I hereby certify that I attended the deceased from 2-5-44, 1944, to 2-26-44, 1944; that I last saw her alive on 2-26-44, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia
Cerebral hemorrhage
Hypertensive cardio-vascular disease
Duration 1 wk.
3 wks.

Due to: _____
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

MAJOR FINDINGS: Of operations: _____
Of autopsy: 938
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature J. A. Wilson (M. D. or other) M.D.
Address St. Louis County Hosp. Date signed 2-29-44

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 *Louis V. Atkins*

Licensed Embalmer No. 2842

P. O. Address 364 K. E. ...

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.