

V. S. No. 2
00M-5-43
Rev. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31782

FILED SEP 30 1944

State File No. _____

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 1938

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys Hospital
(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 Mo. (b) County 000

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

(d) Street No. 5054 Terry Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Wright Miller

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 17th.
year 1944 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 17 1944 to Sept 17 1944
that I last saw her alive on Sept 17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Choleraemia & Cachexia

Due to Carcinoma of Pancreas with metastases in liver & generally in abdomen

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

Major findings: As above 468

Of operations _____

Of autopsy none (no autopsy)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased July 4 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant J. B. Thornton

(b) Address Semple & Cote Brillante

17. (a) Bernal (b) Date thereof 9-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) SEP 20 1944 (b) C. V. McCowan, M.D.
(Date received local registrar) (Registrar's signature)

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) (Means of injury)

23. Signature _____ (M. D. or other) _____
Address _____ Date signed 9/18/44

(Licensed Embalmer's Statement on Reverse Side)

Mr. W. F. Carver
Anchorage, Alaska
1-31-99
J.F. 996

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 Warren A. Carver
Licensed Embalmer No. 3534
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.