V. S. No. 2
00M—8-43
ev. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32602

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9403

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: 4137 Lee Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community Life

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. 4137 Lee Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Minnie Helen 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, divorced Married

6. (b) Name of husband or wife Emil Miller

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January 1st, 1879. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	10	2	hr. min.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER

12. Name Mr. Pinter

13. Birthplace - - France 5 (City, town, or county) (State or foreign country)

14. Maiden name Ernestine Emmert

15. Birthplace - - Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Emil Miller

(b) Address 4137 Lee Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6, 1944. (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) NOV 6 1944 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd, year 1944 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 13th, 1942 to Nov. 3rd, 1944 that I last saw her alive on Nov. 3rd 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	4 Hours
Due to: Hypertension	2 yrs.
Due to: Arterio- Sclerosis	5 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 Edwin J. Kimlich (M. D. or other) M. D.

Address 3635 NO. NEWSTEAD Date signed 11-3-44.

(Licensed Embalmer's Statement on Reverse Side)

7321 Overbrook Dr. MU2534.
Will call for this Sunday
about noon.
Geo. Tibbles
Jon County Club Dr.

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 John A. Milnor

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.