

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36204

State File No. _____

FILED NOV 30 1944 318

Primary Registration District No. 1003

Registrar's No. 9732

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

In this community 2 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 76

(c) City or town St. Louis Gardenville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4840 Heidelberg
(If rural, give location)

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

3. (a) PRINT FULL NAME Baby Margaret N. Miller

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

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

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

7. Birth date of deceased November 12, 1944
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name John Miller

FATHER { 13. Birthplace Kimswick Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emma Doering

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

16. (a) Informant Mr. John Miller
(b) Address 4840 Heidelberg

17. (a) Burial (b) Date thereof Nov. 16, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Avenue

19. (a) NOV 16 1944 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14
year 1944 hour 6 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov 12, 1944 to Nov 14, 1944
that I last saw her alive on Nov 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to _____

Due to 157

Other conditions (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?
(Specify type of place)

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

23. Signature P. J. Manser (M. D. or other)
Address Mo. 1304 Date signed Nov 16-44

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

P. J. Monitor
Mo. Theatre Bldg
1242

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.....

No embalming.

Registered Apprentice No.....

working under my personal supervision:

J

Signed *G. W. Hat*

Licensed Embalmer No. *3737*

P. O. Address *936 St. Louis*

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.