

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38834

State File No.

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2403

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. Mary's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks
(Specify whether)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

(c) City or town EAST St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1724 St. Louis Ill 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Miller

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1944 hour 11 minut 55 P. M.

21. I hereby certify that I attended the deceased from Oct. 1942 1944
Nov. 26, 1944
that I last saw h. or alive on 11/26/44, 19
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased Nov. 17, 1878
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis
Carcinoma of
stomach - metastatic.

Due to

Due to

8. AGE: Years 66 Months 0 Days 9 If less than one day hr. min.

9. Birthplace not known Pa. 1
(City, town, or county) (State or foreign country)

10. Usual occupation At home

Duration

Other conditions (include pregnancy within 3 months of death)

Major findings: Carcinoma of
Of operations stomach

Of autopsy

MOTHER FATHER {

11. Industry or business

12. Name George Schneider

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

14. Maiden name not known

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. R. Purpe

(b) Address East St. Louis, Ill

17. (a) burial (b) Date thereof Nov. 30, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill

18. (a) Signature of funeral director Chas. R. Purpe

(b) Address East St. Louis, Ill

19. (a) DEC 1 1944 (b) E. H. McLauren
(Date received local registrar) (Registrar's signature)

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 James H. Munster (M. D. or other)

Address University Club. Bldg Date signed Nov. 27

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

MAY 16 1945

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..... *Chas M. Burke*.....
Licensed Embalmer No. *2421*.....
P.O. Address *East St Louis Ill*.....

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.