S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39629

FILED JAN 5 1945 Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11151

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DEACONESS HOSP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 0

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 6972 FYLER AVE
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME LILLIAN MAE MILLER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife ARTHUR

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased OCT (Month) 20 (Day) 1911 (Year)

8. AGE: Years ~~33~~ 33 Months 2 Days 7 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business AT HOME

MOTHER FATHER

12. Name FELIX A MOONIER

13. Birthplace PERRY COUNTY (City, town, or county) MO (State or foreign country)

14. Maiden name JULIA HART

15. Birthplace PERRY COUNTY (City, town, or county) MO (State or foreign country)

16. (a) Informant ARTHUR MILLER

(b) Address 6972 FYLER AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12 29 44 (Month) (Day) (Year)

(c) Place: burial or cremation NEW PETER PAUL

18. (a) Signature of funeral director KRIEGSHAUSER

(b) Address 4228 So KINGSHIGHWAY

19. (a) DEC 28 1944 (Date received local registrar) J. R. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 27 year 1944 hour 3:20 AM minute M.

21. I hereby certify that I attended the deceased from 7-27-40, 19 to 12-27-, 19 44 that I last saw her alive on 12-27-, 19 44 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Lung	
Due to Carcinoma Breast. Primary	
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	
Major findings: Of operations Carcinoma - of Breast (Left)	
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 P B Capps (M. D. or other) M.D

Address 3284 Dr. Ave Date signed 12-28-44

(Licensed Embalmer's Statement on Reverse Side)

Dr Cappel
Hi 25 ORD

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.