

FILED FEB 13 1945
Registration District No. 317

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Wellston
(c) Name of hospital or institution: 1647 Lulu Avenue.
(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

3. (a) PRINT FULL NAME Emma Miller.
3. (b) If veteran, name war None
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 George Miller. 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased February 14, 1870.
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Fayetteville, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

MOTHER FATHER { 12. Name John Rank.
13. Birthplace ? Illinois.
(City, town, or county) (State or foreign country)
14. Maiden name Dont know.
15. Birthplace ? Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George Miller.
(b) Address 1647 Lulu Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-19-1945.
(Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) JAN 19 1945 (Date received local registrar) (b) E. S. McLaws (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Wellston 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1647 Lulu Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15th.
year 1945 hour 7 minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct 1 1944 to Jan 15 1945
that I last saw her alive on Jan 15 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Rebel Hemorrhage.

Due to _____

Due to 830

Other conditions Ch. myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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) (e) Means of injury 0

23. Signature Keller (M. D.) _____

Address 6400 Easton Ave. Date signed 1/16/45

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Ben C. Hoffmann*
Licensed Embalmer No. *4366*
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.