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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1945

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 15630

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4331

**1. PLACE OF DEATH:**

(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Res:- 5291 Washington Blv'd.,
(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)

**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. 5291 Washington Blv'd.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAUD MILLER STREETT.

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 Widowed

6. (b) Name of husband or wife James Douglass Streett. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 14, 1856. (Month) (Day) (Year)

8. AGE: — Years 89. Months 4. Days 0. If less than one day hr. min.

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

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Charles Miller.
13. Birthplace Alexandria, (City, town, or county) Virginia. (State or foreign country)

MOTHER
14. Maiden name Ellen Morgan.
15. Birthplace Alexandria, (City, town, or county) Virginia. (State or foreign country)

16. (a) Informant J. Clark Streett.
(b) Address 36 Kingsbury Place.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 5/16/45. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blv'd.

19. (a) MAY 15 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 14th year 1945 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from January 15th, 1945, to May 14th 1945 that I last saw he alive on May 7th 1945 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| acute myocardial failure | few minutes |
| Due to Chronic myocarditis - Arteriosclerosis | many years |
| Due to advanced age | |
| 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 Lawrence R. Ritchie (M. D. or other)
Address 5233 Westmoreland Date signed 5/14/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frances R. Kuchne
5233 Waterman
FO-5071
4 to 6 P.M.

## 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 J. T. Lupton

Licensed Embalmer No. 2122

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.**