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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25058

Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 1896

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 571 WESTBOROUGH PLACE. (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 Ann

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4541 Wabash. 9 (If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME MOLLIE 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 Single.

6. (b) Name of husband or wife ____

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

7. Birth date of deceased January 30, 1876. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69.	6.	0.	____ hr. ____ min.

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

10. Usual occupation At Home.

11. Industry or business ____

FATHER
12. Name Jesse Miller.
13. Birthplace Cape Girardeau, Missouri. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary C. Bollinger.
15. Birthplace Bollinger Co., Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant J. Ben Miller.

(b) Address 571 Westborough Place.

17. (a) burial. (Burial, cremation, or removal) (b) Date thereof 8/1/45. (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) 7-30-45 (Date received local registrar) (b) E. G. McGavran (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1945 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from June 1-45, 19__, to July 29, 1945; that I last saw her alive on July 23/45, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis (chronic)	2 mos
Due to 92d.	
Due to ____	
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 Jos P Costello (M. D. ~~or other~~)

Address 4952 Maryland Date signed 7/30/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Joseph P. Costello

4952 Maryland Ave.,
FO: 7500
Hrs: 10 - 1:30.

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.