U. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35645

FILED DEC 7 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10256

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital No. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days. (Specify whether years, months or days) In this community 50 yrs.

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. 3324 Liberty (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Willie Miller

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Adolph

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

7. Birth date of deceased Feb 12 (Month) (Day) 1870 (Year)

8. AGE: Years 75 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Conrad Thies

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

MOTHER 14. Maiden name Unknown

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

16. (a) Informant Mrs Edna Loewnau

(b) Address 3324 Liberty Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-1945 (Month) (Day) (Year)

(c) Place: burial or cremation St Matthews

18. (a) Signature of funeral director Guy Miller Chapel

(b) Address 5041 Delmar Blvd.

19. (a) NOV 27 1945 (Date received local registrar) (b) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 year 1945 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 20, 1945, to Nov 24, 1945, that I last saw him alive on Nov 24, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Ca of common bile duct — Duration mos

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy same

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 Mihara (M. D. or other)

Address City Hosp. Date signed 11/24

(Licensed Embalmer's Statement on Reverse Side)

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 Rex C. Campbell

Licensed Embalmer No. 3881

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.