

Registration District No. 1045
318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Park Lane Hospital
 (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 Norman Dale Miller3. (b) If veteran, name war No 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased Dec. 9 1945
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
0 0 0 2 hr. 30 min.9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Infant

11. Industry or business _____

12. Name Delbert Miller13. Birthplace Osceola Missouri
(City, town, or county) (State or foreign country)14. Maiden name Velma Lucille Martischinsky15. Birthplace Versailles Missouri
(City, town, or county) (State or foreign country)16. (a) Informant Mr. Delbert Miller(b) Address 4734 Kensington Ave.17. (a) Burial (b) Date thereof 12-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Ellsbury, Mo.18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Blvd.19. (a) DEC 10 1945 (Date received local registrar) J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (If outside city or town limits, write "RURAL")
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4734 Kensington Ave.
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1945 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from 12-8-45
8:55 to 12-9-45
12-9-45
that I last saw him alive on 12-9-45
and that death occurred on the date and hour stated above.Immediate cause of death Premature Delivery
at 6 1/2 mos.
Due to _____

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? _____

While at work? _____ (Specify type of place)
Means of injury 023. Signature Chas E Kane (M.D. or D.O.)
Address 206 Walton Date signed 12-10-45

21.08.07
M...
S...
5-16-07

No Embalmed

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.....

Licensed Embalmer No.....

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.