S. No. 2
0M—5-43
v. 5-17-39
p I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 677

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1159

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:
Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00-0
(c) City or town St. Louis 2317
(If outside city or town limits, write "RURAL")
(d) Street No. 1013 Carrol St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 5
If yes, name country

3. (a) PRINT FULL NAME Emma Miller (Buchholz) (Murray)

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Adolph Miller

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

7. Birth date of deceased Nov. 16, ~~1896~~ 1894
(Month) (Day) (Year)

8. AGE: Years 51 ~~49~~ Months 2 Days 14 If less than one day hr. min.

9. Birthplace unknown Germany ~~Texas~~ 4
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Charles ~~Henry~~ Steggemeyer
13. Birthplace Gemmany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ~~Don't Know~~ Meta 4
15. Birthplace ~~Don't Know~~ Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Adolph Miller
(b) Address 1013 Carroll Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 4, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201S. Grand Bl.

19. (a) FEB 4 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1946 hour 5 minute ~~45~~ 0 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 (M. D. or other)
Address Date signed

(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.....

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.