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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

680

FILED FEB 7 1946

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 878

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: St. Louis Children's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 days (Specify whether

In this community 7 mos. - 13 days (lifed years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 617

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

(d) Street No. 4966 Aldine Place 9 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Marilyn Miller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 6 (Month) - 13 (Day) - 45 (Year)

8. AGE: Years | Months 7 | Days 13 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name John S. Miller
13. Birthplace Mississippi (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edna Archer
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant J. Auld

(b) Address 600 S. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 28 - 46 (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Mo

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) JAN 28 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th year 1946 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from Jan 21 1946 to Jan 26 1946 that I last saw her alive on Jan 26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhea. Malnutrition

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 C. J. Blattner (M. D. or other)

Address 600 S. Kingshighway 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 Albert R Thompson Jr

Licensed Embalmer No. 4237

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.