S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7737

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1429

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 Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2yrs.7mos.13ds. (Specify whether years, months or days)
In this community 49 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2712 S. 13th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LENA BRYANT MILLER
3. (b) If veteran, name war
3. (c) Social Security No. No
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced Sep.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct. (Month) 25 (Day) 1896 (Year)

8. AGE: Years 49 Months 3 Days 16 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Tobacco worker
11. Industry or business

FATHER
12. Name Allen Ura
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary ?
15. Birthplace not given (City, town, or county) (State or foreign country)

16. (a) Informant J. Bugler
(b) Address 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13/46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cem
18. (a) Signature of funeral director Wm G Moydell
(b) Address 1926 Allen Av.
19. (a) FEB 12 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11 year 1946 hour 2.45 minute A. M.
21. I hereby certify that I attended the deceased from Feb. 1 1946, 19..., to Feb. 11, 1946 that I last saw her alive on Feb. 11, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary occlusion — 2hrs.
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jack Kiedelman (M. D. or Coroner)
Address 5400 Arsenal St Date signed 2/11/46

(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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Benj. A. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Ave

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.