

S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

FILED APR 5 1948

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **2851**

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: **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 _____
years, months or days

3. (a) PRINT FULL NAME **Minnie M. Miller**

3. (b) If veteran, name war **Nil**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: **February 17 1870**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	1	8	hr. _____ min.

9. Birthplace: **Clay City Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

MOTHER FATHER

11. Industry or business _____

12. Name **George C. Miller**

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

14. Maiden name **Caroline Davis**

15. Birthplace **Shannon County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred D. Miller**

(b) Address **4919 Lansdowne Ave.**

17. (a) **Removal** (b) Date thereof: **3-26-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clay City, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 2 Washington Blvd.**

19. (a) **MAR 20 1948** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

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. **4102 Westminister**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **25**
year **1946** hour **5** minute **30** M.

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

Immediate cause of death _____

Due to **Coronary Sclerosis**

Due to **Atherosclerosis**

Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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)

(e) Means of Injury **3**

23. Signature **Dr. Gerald J. Perry** (M.D. or other) _____
Dep. Registrar

Address _____ Date signed **3/26/46**

444

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

10359

532

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.....

W. Wilkins

Licensed Embalmer No..... *3575*

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.