

FILED JUN 6 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

318

Primary Registration District No.

Registrar's No.

4677

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:
4246 N. 19th. St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME Amanda Miller

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William T. Miller 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Feb. 29th. 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 2 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name John Anderson Sweeden #
13. Birthplace Unknown Unknown #
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Unk #
15. Birthplace Unknown Unk #
(City, town, or county) (State or foreign country)

16. (a) Informant William T. Miller #
(b) Address 4246 N. 19th. St. #

17. (a) Burial (b) Date thereof 5-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons.
(b) Address 3934 N. 20th. St.

19. (a) MAY 24 1946 (b) J. F. Brecken
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4246 N. 19th. St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd.
year 1946 hour 9.30 minute 10 A. 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 Chronic hyperlipidemia
Myocarditis
Due to 93d.

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

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?

(Specify type of place)
While at work _____ (e) Means of injury C
23. Signature Patrik E. Taylor (M. D. or other) 2-24-46
Address County Coroner Date signed _____

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.....

G. G. Smithers

Licensed Embalmer No.

3916

P. O. Address.....

3934 N. 20 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.