S. No. 2
DM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 26 1946

State File No. 22031

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5362

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: DEACONESS HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS (Specify whether
In this community 23 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town WEBSTER GROVES 96
(If outside city or town limits, write "RURAL")

(d) Street No. 463 FLORENCE AVE. NR
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME LUCILE RITTENHOUSE MILLER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CHARLES I. MILLER

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased AUGUST 9, 1893
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	10	6	— hr. — min.

9. Birthplace SILVERLAKE INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business —

FATHER
12. Name WILLIAM HENRY RITTENHAOUSE
13. Birthplace INDIANA
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name HENRIETTA BAER
15. Birthplace INDIANA
(City, town, or county) (State or foreign country)

16. (a) Informant Charles I. Miller

(b) Address 463 FLORENCE AVE. W. G.

17. (a) REMOVAL (b) Date thereof JUN 17 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wabash Ind

18. (a) Signature of funeral director Parker Ind Co

(b) Address WEBSTER GROVES MO

19. (a) JUN 17 1946 (b) J. F. Bruneck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1946 hour 2 minute 3[illegible] A.M.

21. I hereby certify that I attended the deceased from Oct 27, 1946 to June 15, 1946
that I last saw her alive on June 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Biliary Obstruction Cirrhosis of Liver

Due to

Due to

Other conditions Abdominal adhesions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cholecystotomy 1945 adhesiolysis 1946
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 [signature] (M. D. or other)

Address 812 Alice Street Date signed 6/17/46

(Licensed Embalmer's Statement on Reverse Side)

APR 20 1948

812 Olive

OCT 21 1943

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 Leslie Welch

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo

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.