

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25525

State File No.

FILED JUL 22 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6031

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

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:
3091 Wells Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
 (c) City or town ST LOUIS (If outside city or town limits, write "RURAL") 617
 (d) Street No. 5091 WELLS (If rural, give location) 9
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME ELIZABETH MEYERS
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
 year 1946 hour 3 minute A.M.
 21. I hereby certify that I attended the deceased from
July 2nd 1946, to July 8th 1946
 that I last saw her alive on July 7th 1946
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife ALPHONSE 6. (c) Age of husband or wife if
 alive 78 years
 7. Birth date of deceased: June 4 1868
 (Month) (Day) (Year)

Immediate cause of death
Cardiac Asthma Duration 6 days
 Due to arteriosclerotic heart disease 6 years
 Due to Senile Changes

8. AGE: Years Months Days If less than one day
78 1 1/2 hr. min.

Other conditions Mitral regurgi 9 y +
 (Include pregnancy within 3 months of death) tation
 Major findings: None made
 Of operations: None made
 Of autopsy: None made
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace COLUMBIA ILL 1
 (City, town, or county) (State or foreign country)
 10. Usual occupation HOUSE WIFE

MOTHER FATHER {
 11. Industry or business
 12. Name JONNY MILLER
 13. Birthplace COLUMBIA ILL 1
 (City, town, or county) (State or foreign country)
 14. Maiden name MRS EVA MILLER
 15. Birthplace COLUMBIA ILL 1
 (City, town, or county) (State or foreign country)

16. (a) Informant Jessie Miller
 (b) Address 5091 Wells
 17. (a) BURIAL (b) Date thereof JULY 10 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (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.....
 23. Signature Jos. Davis (M. D. or other)
 Address 401 Grace Bldg Date signed 7-8-46

18. (a) Signature of funeral director Cullinan Kelly
 (b) Address 352 Lindell
 19. (a) JUL 8 1946 (b) J. F. Braseck
 (Date received local registrar) (Registrar's signature)

JUL 9 1946

(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.....

James A. Lammer

Licensed Embalmer No.....

4142

P. O. Address.....

St. Louis

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.