

25533

FILED Jul 22 1946
 Registration District No. 318 Primary Registration District No. 1003
 State File No. Registrar's No. 6047

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
5569 Delmar
(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)

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. 5569 Delmar
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Betty Joe Miller
 (b) If veteran, name war.....
 (c) Social Security No. 489-22-7547
 4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Divorced
 (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased: November 4, 1906
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
 year 1946 hour 2.00 A.M. minute..... M.
 21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
 that I last saw h..... alive on....., 19.....;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>8</u>	<u>3</u>	hr. min.

Immediate cause of death.....
Coronary Occlusion
 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.

9. Birthplace..... Arkansas
(City, town, or county) (State or foreign country)
 10. Usual occupation Waitress
Park Plaza Hotel
 11. Industry or business.....
 Name..... ? Perkins
 12. Birthplace..... Unknown
(City, town, or county) (State or foreign country)
 13. Maiden name..... Unknown
 14. Birthplace..... Unknown
(City, town, or county) (State or foreign country)
 15. Informant..... Roy R. Miller
 (a) Address..... 1152 S. Kingshighway
 (b) Date thereof..... 7/10/46
(Month) (Day) (Year)
 16. Place: burial or cremation..... Removal
Hammon, Ark
 17. Signature of funeral director..... Edith E. Ambruster
 (a) Address..... 4234 Manchester
 (b) Date received local registrar..... JUL 9 1946
 (c) Registrar's signature..... J. F. Bredeek

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?
 Write work?..... (Specify type of place)
 Means of injury..... 3
 23. Signature..... Patrick E. Taylor
(M.D. or other)
 Address..... 1300 Clark Date signed..... 7/9/46

1875 C
1875 C

BE A.C.T. 3-

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 *Henry Eynard*
Licensed Embalmer No. 1284

P. O. Address St. Louis, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri

State File No. 6047

County of St. Louis

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 6047

On this 19 day of August, 1946, before me appears

Patrick O'Brien, who, upon his oath, states that the original record of ~~death~~ death
for Betty Joe O'Brien, ~~died~~ 7-7-1946, 1946, in the State of
Missouri, and which was filed at St. Louis on 7-10-46, 1946, should be corrected as follows:

Item No. 3 should read Betty Joe O'Brien

Instead of Betty Joe Miller

Item No. 30 should read 487-22-7547

Instead of 489-22-7547

Item No. 6a should read Married

Instead of Divorced

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Pat O'Brien Husband
Relationship.

2757 Chouteau

Present Address.

Subscribed and sworn to before me this 19 day of August, 1946.

My Commission expires 3-4-49. Gerald F. Juddox Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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