S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1946

State File No. 35409

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 8851

**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 9 Days (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Jefferson 50

(c) City or town (Rural) Grubville Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Big River Township
(If rural, give location)

(e) Citizen of foreign country? Mo (Yes or No) NR!

If yes, name country

3. (a) PRINT FULL NAME BERTHA I. MILLER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Geo. L. Miller

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased August (Month) 18 (Day) 1901 (Year)

8. AGE: Years 45 Months 1 Days 23 If less than one day hr. min.

9. Birthplace Grubville (City, town, or county) Mo (State or foreign country)

10. Usual occupation House wife

11. Industry or business Own home

FATHER
12. Name Thomas R. Eoff
13. Birthplace Grubville (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Isabelle Davis
15. Birthplace Morse Mill (City, town, or county) Mo (State or foreign country)

16. (a) Informant Geo. L. Miller
(b) Address Grubville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 14 (Day) 1946 (Year)
(c) Place: burial or cremation Bethlehem Cemetery

18. (a) Signature of funeral director John H. Brimmer
(b) Address House Springs Mo

19. (a) OCT 16 1946 (Date received for registration) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month OCT day 11
year 1946 hour 10 minute 55 p.m.

21. I hereby certify that I attended the deceased from Oct 5 a.
, 19 , to 10-11 , 1946;
that I last saw her alive on 10-11-46 , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach

Due to Carcinoma - Malnutrition

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Same

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 P B Cappel MD (M. D. or other)

Address 3284 Ivanhoe one Date signed 10-12-46

(Licensed Embalmer's Statement on Reverse Side)

2588

## 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 John C. Kelter

Licensed Embalmer No. 3880

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.**