

...used as in not be received.

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.....

Helix J. Krupin

Licensed Embalmer No.....

3497

P. O. Address.....

1936 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

State of Mo.
County of St. Louis } ss.

STAFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 9312

On this 19 day of Nov, 1946, before me appears Ida K. Miller, who, upon her oath, states that the original record of ^{birth} death for Philip L. Miller died 10-30, 1946, in the State of Missouri, and which was filed at on 19....., should be corrected as follows:

Item No. 3 should read Philip L. Miller

Instead of.....

Item No. 6^A should read Louisa Miller

Instead of..... Hoffman

Item No. should read.....

Instead of.....

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

(SEAL) Affiant..... Relationship.....

Ida K. Miller Inf
3471 Winstone Present Address

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

My Commission expires 3-1-49 Geo C. Jellison Notary Public.

35413