

S. No. 2
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5-17-39
P 1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 26 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2880
State File No. 788
Registrar's No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town ST LOUIS 2317
(d) Street No. 1013rd CARROLL ST. 9
(e) Citizen of foreign country? = (Yes or No) 0
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 22nd
year 1947 hour 10:05 minute A M.
21. I hereby certify that I attended the deceased from 1/14/47
_____ 19____ to 1/22/47 19____;
that I last saw her alive on 1/22/47 19____;
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MICHEL MILLER 6. (c) Age of husband or wife if alive UNKNOWN years
7. Birth date of deceased Aug 18 1868
(Month) (Day) (Year)

Immediate cause of death Branchopneumonia Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Hypertensive heart disease
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
78 5 4 hr. min.

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

10. Usual occupation N.I.I.

11. Industry or business _____

12. Name HY GESSLER

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. Robert Bauman

(b) Address 4439th Oldhome Ave

17. (a) BURIAL (b) Date thereof JAN 22 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PAUL CHURCHYARD

18. (a) Signature of funeral director Blunden

(b) Address 936 N. Fair, Can.

19. (a) JAN 23 1947 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature Dr. M. Fitzgerald 1525 Lafayette 1/22/47 (or other) 0
Address _____ Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 *Felix J. Krupiec*
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.