. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 14 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 15434

Registrar's No. 4533

WRITE PLAINLY—USING 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: St. John's Hospital 0
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Affton
(If outside city or town limits, write "RURAL")

(d) Street No. 9311 Rambler Drive
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

NR

3. (a) PRINT FULL NAME Elaine L. Miller

3. (b) If veteran, name war ----- 3. (c) Social Security No. -----

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced single 0

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

7. Birth date of deceased May (Month) 20th, (Day) 1938 (Year)

8. AGE:

Years	Months	Days	If less than one day
8	11	13	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation (child)

11. Industry or business

FATHER
12. Name A. Fred Miller
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Melba L. Schmitt 0
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant A. Fred Miller
(b) Address 9311 Rambler Dr., Affton, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 6, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wacker-Helderle U. & L. Co.
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) MAY 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1947 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from Apr 20, 1945 to May 3, 1947
that I last saw her alive on May 3, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebellar Tumor	1 mo
Unqualified	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy above

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature Jos P Corlett (M.D. or other)
Address 4952 Maryland Date signed 5/5/47

Jefferson City Printing Co.

(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.....

Licensed Embalmer No. 6+5

P. O. Address.....

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.