

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 21 1947 318

STANDARD CERTIFICATE OF DEATH 1003

State File No. 25851

Registration District No.

Primary Registration District No.

Registrar's No. 6587

1. PLACE OF DEATH:

(a) County St Louis Mo.
(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:
1511a N 17th str. /
(If not in hospital or institution, write street number or location)
(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
(If outside city or town limits, write "RURAL") 17
(d) Street No. 1511a N 17 th Str.
26 (If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Catherine D 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, m /
6. (b) Name of husband or wife Fred Miller 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased Aug 30 1899
(Month) (Day) (Year)

8. AGE: Years 47 Months 10 Days 11 If less than one day hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Michale Czerwinski ff
13. Birthplace Poland 1
(City, town, or county) (State or foreign country)
14. Maiden name Kathern Bienezewski
15. Birthplace Poland ff
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Miller
(b) Address 1511a N 17th str.

17. (a) Burial (b) Date thereof 7/14/47.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Central Und. Co

(b) Address 1841 Cass Ave

19. (a) JUL 13 1947 (b) J. P. Prichard
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1947 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 16th 1947 to July 11 1947,
that I last saw her alive on July 9 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Ca of stomach Hemorrhage Duration ? 1 1/2

Due to _____

Due to H6

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature L. P. Hushis (M. D. or other) M.D.

Address Ferguson, Mo Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

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

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 M. Brammer*

Licensed Embalmer No..... *4200*

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.