S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29325

FILED SEP 2 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7979

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: 2362 LAWRENCE AVE
(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

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

(d) Street No. 2362 LAWRENCE AVE
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LOVIE L MILLER

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JAMES W.

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased SEPT (Month) 17 (Day) 1876 (Year)

8. AGE: Years 70 Months 11 Days 4 If less than one day hr. min.

9. Birthplace MONROE COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

MOTHER FATHER

12. Name A. DAMRELL

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

14. Maiden name LUPINE STRIBLING

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

16. (a) Informant James W. Miller

(b) Address 2362 Lawrence

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof AUG 23-1947 (Month) (Day) (Year)

(c) Place: burial or cremation CLARENCE, MO

18. (a) Signature of funeral director Wm. J. Robert & Co.

(b) Address 1905 S. Grand Blvd.

19. (a) AUG 22 1947 (Date received local registrar) (b) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 21st year 1947 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from 10-1, 1937 to 8-21, 1947 that I last saw he alive on 8-21, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to: Diabetes	10 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

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)

While at work? (e) Means of injury

23. Signature Burton Bohannon (M. D. or other) M.D.

Address 2602 S. Grand Blvd. Date signed 8/22/47

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

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.....Rex Campbell.....

Licensed Embalmer No.....3881.....

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.