No. 2
—1/47
3-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32814

FILED OCT 4 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8820

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

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 4631 Louisiana 1 (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 Missouri (b) County 0-0-

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 15 4631 Louisiana (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Maria K. Miller

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife George Miller

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Aug (Month) 11 (Day) 1866 (Year)

8. AGE: Years 80 Months 1 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country) 4

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Jacob Guenther
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Elizabeth
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Edward Miller
(b) Address 4631 Louisiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 20 (Day) 47 (Year)
(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director Ting Bermuehle
(b) Address 3819 So. Grand Blvd

19. (a) SEP 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 20 year 1947 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Sept 1 1947 to Sept 20, 1947 that I last saw her alive on Sept 19 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Myocarditis	DK
Due to: Senility	DK.
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 0

23. Signature Roland A. Korb (M. D.)

Address 3430 California Ave Date signed Sept 20 1947

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.....E. W. Spillers.....

Licensed Embalmer No.....4080.....

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.