No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6776

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 1723

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 Lutheran 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 years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 6612 McCune 9
(If rural, give location) 3
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Miller
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widow 2
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 2 (Day) 1878 (Year)
8. AGE: Years 69 Months 11 Days 17 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation at home
11. Industry or business
FATHER 12. Name --------Pistor 4
13. Birthplace Germany (City, town, or county) (State or foreign country) 1
MOTHER 14. Maiden name not known 9
15. Birthplace not known (City, town, or county) (State or foreign country) 9
16. (a) Informant Irene Feldmann
(b) Address 5460 Rosa
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director John L. Ziegenhein&Sons
(b) Address 7027 Gravois Ave.
19. (a) FEB 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 19 year 1948 hour 8 minute A. M.
21. I hereby certify that I attended the deceased from 2/10, 1948 to 2/18, 1948 and that I last saw her alive on 2/18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia (Terminal)	
Due to	
Due to	
Other conditions Hemiplegia (R) (Include pregnancy within 3 months of death)	
Major findings: Of operations 0	
Of autopsy 0	

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 [illegible] (M. D. or other)
Address 2767 [illegible] Date signed 2/19/48

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravois

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.