No. 2
-1/47
7-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14350

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 4303

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 2431 O'Fallon Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 2431 a O'Fallon
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bessie Lee
3. (b) If veteran, name war
3. (c) Social Security No. UNK
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 29 (Day) 1884 (Year)
8. AGE: Years 63 Months 7 Days 4 If less than one day hr. min.
9. Birthplace UNK (City, town, or county) Miss (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name Harrison Miller
13. Birthplace UNK (City, town, or county) Miss (State or foreign country)
MOTHER
14. Maiden name Sarah ?
15. Birthplace UNK (City, town, or county) Miss (State or foreign country)
16. (a) Informant George Miller
(b) Address 2431 O'Fallon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 8, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk
18. (a) Signature of funeral director English Und. Co.
(b) Address 2931 Lucas, Ave
19. (a) MAY 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 3rd year 1948 hour 12 minute 00 A.M.
21. I hereby certify that I attended the deceased from June 12th, 1947 to May 3, 1948 that I last saw her alive on May 2nd, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis, chronic	1 yr
Due to: CHD	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Cholecystitis	1 yr
Non-Calculous	

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 Clyde B. Kane M.D. (M. D. or other)
Address 706 Walton Date signed 5/7/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas Ave

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.