

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5482

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: 5351 A Sutherland 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)

3. (a) PRINT FULL NAME Alice Miller 460

3. (b) If veteran, name war No 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 Thomas W. Miller 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct. 12 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 8 13 hr. _____ min. _____

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

10. Usual occupation Nursewife

11. Industry or business _____

12. Name Nicholas Husel

13. Birthplace Abree-Lorraine
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Thomas W. Miller

(b) Address 5351 A Sutherland Ave

17. (a) Cremation (b) Date thereof 6-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valley Crematory

18. (a) Signature of funeral director Kriegshaugen Mortuary

(b) Address 4228 So. Kingshighway

19. (a) JUN 28 1940 (b) J. F. Bredvik
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")
(d) Street No. 5351 A Sutherland Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 th
year 1940 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from May 10th 1940
_____ 19____ to June 25th 1940
that I last saw her alive on June 25th 1940
and that death occurred on the day and hour stated above.

Immediate cause of death Adenocarcinoma of cervix
of the uterus?
Due to metastases along lymphatics
& obstruction of both uteri.
Due to _____

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

Major findings: Of operations H&E
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 Louis P. Brandenburg (M. D. or other)
Address 3922 Highland Ave Date signed _____

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr B Vanderberg
3922 Cleveland Ave
1-3

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 Reinhold A. Schumacher

Licensed Embalmer No. 3395

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, above space should be left blank.