

RECEIVED 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4270

State File No. _____

Registration District No. 784

Primary Registration District No. 20

Registrar's No. 140

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
9914 Lark
(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 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 9914 Lark
(If rural, give location)

(e) If foreign born, how long in U. S. A.? -- 0 years.

3. (a) PRINT FULL NAME Katherine Miller

3. (b) If veteran, name war -- (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 William Miller 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 7 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>10</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business at home

12. Name Peter Laumand

13. Birthplace unknown
(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 Mrs. Miller
(b) Address 9914 Lark

17. (a) burial (b) Date thereof Jan 21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan

19. (a) JAN 21 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 19 1941
year 1941 hour 5:45 minute 02 M.

21. I hereby certify that I attended the deceased from Jan 11 1941, to Jan 19 1941; that I last saw her alive on JAN 18 1941 and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE DILATATION OF HEART
9 DAYS

Due to CHRONIC BRONCHITIS
ASTHMA
3 YEARS

Due to _____

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

Major findings: 112

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to 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? 707

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address 3527 [Address] Date signed Jan 21 1941

78 on 12/20/2000
95077

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 *Oliver E. Fendler*

Licensed Embalmer No. *4148*

P. O. Address *H. Jones*

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.