S. No. 2
—1-4-41
. 5-17-39
PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26625

Registration District FILED SEP 17 1941 791 Primary Registration District No. 1003 Registrar's No. 6417

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Sanitarium 9
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mos. 13 dys. (Specify whether
In this community 20 yrs. 3 mos. 22 dys.
years, months or days)

2. USUAL RESIDENCE OF DEACESED: 000

(a) State Missouir (b) County 17

(c) City or town St. Louis 119
(If outside city or town limits, write "RURAL")

(d) Street No. 4435 Garfield Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME LUCILLE MILLER

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Femal e 3

5. Color or race Colored

6. (a) Single, widowed, married, divorced Single 11

6. (b) Name of husband or wife

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

7. Birth date of deceased April 11, 1921
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
20	3	22	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business NIL

MOTHER FATHER

12. Name Orzlee Miller

13. Birthplace Unknown Mississppi
(City, town, or county) (State or foreign country)

14. Maiden name Julia Sanford

15. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Miller

(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/41 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Ellis Funeral Home

(b) Address 2820 Stodgard St.

19. (a) AUG -6 1941 (Date received local registrar) (b) J. H. Fredrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2nd year 1941 hour 4.10 minute P. M.

21. I hereby certify that I attended the deceased from March 21st 1941, 19 to August 2, 1941, 19; that I last saw her alive on August 2, 1941, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute (Generalized) Miliary Tuerculosis 7-24-41	
Due to Pulmonary tuberculosis	
Due to 13	
Other conditions (Include pregnancy within 3 months of death) 23	

Major findings:
Of operations

Of autopsy YES

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature N. J. Bubis (M. D. or other)

Address 5400 Arsenal St Date signed

(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~~ L. Boy

....., Registered Apprentice No. My

working under my personal supervision.

Signed Lonnie Boyk

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.