

FILED JUL 6 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5368

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4398 C. Chouteau Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4398C. Chouteau
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Letha Miner

3. (b) If veteran, name war _____ 3. (c) Social Security No. Nil

4. Sex Female 5. Color or race White 6. (e) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Fulton Miner 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 12, 1852
(Month) (Day) (Year)

8. AGE: Years 90 Months 4 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER {
12. Name _____
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Sutherland
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Dollie Foeste

(b) Address 4398 C. Chouteau

17. (a) Removal (b) Date thereof 6/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piedmont, Mo.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) JUN 22 1942 (b) J. F. Buech
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1942 hour 5 minute 100 M.

21. I hereby certify that I attended the deceased from Nov 10, 1941, to June 5, 1942
that I last saw her alive on June 5, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage (stroke)
thrombotic heart disease
without pneumonia 2 yrs ago
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

Duration

2 day

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 W. Anton Hall (M. D. or _____)
Address 1625 Iowa Street Date signed 6/22/42

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

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17
9

844

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..... *Henry Eymak*.....

Licensed Embalmer No. *1284*.....

P. O. Address *St. Louis Mo.*.....

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.