V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 11 1942 318

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32242

State File No.

Primary Registration District No. 1003

Registrar's No. 9141

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

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: Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Hrs. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 110

(a) State Missouri (b) County Washington 0

(c) City or town Sullivan, Rural 0 NR
(If outside city or town limits, write "RURAL")

(d) Street No. /
(If rural, give location)

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

3. (a) PRINT FULL NAME Shirley Ann Miller

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased October (Month) 4 (Day) 1942. (Year)

8. AGE: Years — Months — Days 28 If less than one day hr. min.

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

10. Usual occupation Child

11. Industry or business

FATHER 12. Name Fred Miller

13. Birthplace Washington Co. (City, town, or county) Missouri 0 (State or foreign country)

MOTHER 14. Maiden name Helen Collins

15. Birthplace Washington Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Fred Miller

(b) Address Sullivan, Missouri.

17. (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, '4 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington. St. Louis, Mo.

19. (a) NOV 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1 year 1942 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 31, 1942, to Nov 1, 1942, that I last saw he alive on Nov. 1, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Inglestitution Edema of lungs.

Due to Insufficient Food for infants per Ped

Other conditions (Include pregnancy within 3 months of death) 110

Major findings:
Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J. Wistar White (M. D. or ~~Coroner~~)

Address 4500 Olive Date signed 11/2/42

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Albert G. Hoffer

Licensed Embalmer No. 2971

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.