7658

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2

FILED MAR 11 1943

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 490

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Halls Ferry Memorial Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 5907 Minnesota Ave. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Nellie Mae Miller

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife James T.

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

7. Birth date of deceased June 3, 3 1891 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	8	22	hr. min.

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

10. Usual occupation House Wife

11. Industry or business Home

FATHER
12. Name James Hale
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Pearl Whitmore
15. Birthplace Mis[illegible] (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant James David Miller

(b) Address 6200)'Dell Ave, St. Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 27, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Prot. Cemetery, Leasburg, Mo.

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave., St. Louis

19. (a) MAR 1 1943 (Date received local registrar) (b) C. H. McKarran, MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 25 day 25 year 1943 hour 4 30 minute A. M.

21. I hereby certify that I attended the deceased from Feb 6 1943, to Feb 25, 1943 that I last saw her alive on Feb 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Chronic Myocarditis

Due to Locomotor Ataxia

Due to —

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

Major findings:
Of operations — 30a
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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Nellie Sleaves 0 (M. D. or other)

Address 4934 Maryland 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 .....

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

working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.