

Registration District No. 318 Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution St. Baptist's Hospital
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Bridgeton
(d) Street No. 9527 Lambert Terrace
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VIRGINIA MILLER
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 16 year 1943 hour 3 minute 00 M.
21. I hereby certify that I attended the deceased from Nov 8 1943, to Nov 16 1943.
that I last saw her alive on Nov 16 1943 and that death occurred on the date and hour stated above.

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Joseph A. Miller 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased Jan 11 1918 (Month) (Day) (Year)

Immediate cause of death Embolism of rt lung
Due to Following normal pregnancy with normal delivery
Other conditions (Include pregnancy within 3 months of death) None

8. AGE: Years 25 Months 19 Days 5 If less than one day _____ hr. _____ min.
9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Fred A. Dikis
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Virginia Broadbent
15. Birthplace St. Charles Mo. (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy Embolism of rt lung

16. (a) Informant Joseph A. Miller
(b) Address 9527 Lambert Terrace
17. (a) Burial (b) Date thereof 11-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery
18. (a) Signature of funeral home Kriegsmaier, Spartz & Co.
(b) Address 4228 So. Kingshighway
19. (a) NOV 18 1943 (Date received local registrar) (b) J. B. Medsker (Registrar's signature)

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 _____
23. Signature W. H. Kilker (M. D. or other) _____
Address 3121 Grand Date signed 11/17/43

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

MOTHER FATHER

Dr. P. H. Hill
3121 SE Grand
10-12-44
J. R. 1244
Case 291

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 *Edwin H. Mc Dermott*

Licensed Embalmer No. *3024*

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, fact should be so stated above.