

19127

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 13 1944

Registration District No. 21

Primary Registration District No. 6076

Registrar's No. 1254

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Rural-Wellston
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Vincent's Sanitarium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days)
 In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison
 (c) City or town Alton
(If outside city or town limits, write "RURAL")
 (d) Street No. 110 E. Elm St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Mrs. Elsie Miller

3. (b) If veteran, name war _____

None

3. (c) Social Security No. _____

None

4. Sex Female

5. Color or race _____

White

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

Married

6. (b) Name of husband _____

Mr. Fred Miller

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

65

7. Birth date of deceased _____

Dec.

24

1883

8. AGE:

Years

Months

Days

If less than one day

60

5

13

hr.

min.

9. Birthplace _____

Alton

Illinois

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

Housewife

11. Industry or business _____

MOTHER FATHER

12. Name _____

Cassius McKee

13. Birthplace _____

Alton

Illinois

(City, town, or county)

(State or foreign country)

14. Maiden name _____

Belle Collins

15. Birthplace _____

Unknown

Pennsylvania

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

Fred J. Miller

(b) Address _____

Alton, Ill.

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof _____

6-7-44

(Month) (Day) (Year)

(c) Place: burial or cremation _____

Alton, Illinois

18. (a) Signature of funeral director _____

Albert H. Hoppe

(b) Address _____

4700 Washington Blvd.

19. (a) JUN 8 - 1944
(Date received final certificate)

(b) E. G. McFarren, M.D.

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
 year 1944 hour 8 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 22, 1944, to June 6, 1944
 that I last saw her alive on June 6, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Myocardial failure

Due to _____

Chronic cardiac renal disease

Duration

10 months

Other conditions _____

(Include pregnancy within 3 months of death)

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? _____

(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 P.F. Kutz (M. D. or other) _____

Address St. Vincent's Sanitarium Date signed 6/6/44

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

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. Lappe*
.....
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, fact should be so stated above.