

S. No. 2
M-5-43
7-5-17-39
- 1 X36671

FILED FEB 25 1946

Registration District No. **377**

Primary Registration District No. **2062**

Registrar's No. **415423**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **University City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
Residence; 7222 Colgate Ave., /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis, 96**
 (c) City or town **University City 3**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **7222 Colgate Ave., 5**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Mamie Hazzard Miller.**
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **17**
 year **1946** hour **7:05** minute **A.** M.

4. Sex **Female /** 5. Color of race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Charles F. Miller.** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **April 10 1869**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **3-17-44**
 _____, 19____, to **2-17-46**, 19____;
 that I last saw her alive on **February 16**, 19**46**
 and that death occurred on the date and hour stated above.

8. AGE: - Years	Months	Days	If less than one day
76	10	7	hr. _____ min.

Immediate cause of death **Cardiac death**
93d
 Due to **left ventricular failure, chronic myocarditis** **6 days 1944+**
 Due to **Hypertensive cardiovascular disease** **1944+**
 Other conditions **none**
 (Include pregnancy within 3 months of death)

9. Birthplace **St. Louis, Missouri.**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **At home**

Major findings:
 Of operations **none**
 Of autopsy **none**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name **Ambrose Hazzard.**
13. Birthplace **unknown Penn.**
 (City, town, or county) (State or foreign country)
14. Maiden name **Mattie Wilcox.**
15. Birthplace **unknown New York**
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following: No
 (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? _____

16. (a) Informant **Mrs. Alfred M. Harris.**
 (b) Address **7222 Colgate Ave.,**
17. (a) Burial (b) Date thereof **2-19-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Valhalla Cemetery.**
18. (a) Signature of funeral director **C.R. Lupton & Sons.**
 (b) Address **7233 Delmar Blvd.,**

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature **Redie Cla...** (M. D. or other) **h.o.**
 Address **1847 Hamilton** Date signed **2-19-46**

19. (a) **2-18-46** (Date received local registrar)
 (b) **W. S. ...** (Registrar's signature)

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

5978

9636

Dr. Fred W. Clark
864 Hamilton
CA 2354
1 to 4 P.M.

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.....

Don Paul Martin....., Registered Apprentice No. 381
working under my personal supervision.

Signed: Bradford A. Miles
Licensed Embalmer No. 2901
P. O. Address University City

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.