DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42734

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10983

1. PLACE OF DEATH:

(a) County: ST Louis

(b) City or town: ST Louis. MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community: 8 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: ____

(c) City or town: ST Louis (If outside city or town limits, write "RURAL")

(d) Street No.: 1307 A Biddle ST (If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME: Delores Miller

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Female

5. Color or race: Col.

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Willie Miller Jr.

6. (c) Age of husband or wife if alive: 20 years

7. Birth date of deceased: 2 (Month) 2 (Day) 1930 (Year)

8. AGE: Years 16 Months 10 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace: ST Louis (City, town, or county) MO (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business ____

MOTHER FATHER

12. Name: Dorsey Milton

13. Birthplace: UNKNOWN (City, town, or county) ? (State or foreign country)

14. Maiden name: Carrie

15. Birthplace: UNKNOWN (City, town, or county) ? (State or foreign country)

16. (a) Informant: Willie Miller Jr.

(b) Address: 1307 A Biddle ST

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-23-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenwood

18. (a) Signature of funeral director: Ellis Fun Home

(b) Address: 2820 Stoddard ST.

19. (a) DEC ? 1946 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

DEC 23 1946

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19 year 1946 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: General Peritonitis following a ruptured tubo ovarian abscess

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations ____

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? ____ Means of injury ____

23. Signature: Alfred Jones (M. D. or other)

Address: Dept of Health Date signed 2/4/46

(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 L Boy

....., Registered Apprentice No. M/

working under my personal supervision.

Signed Lonnie Boykins

Licensed Embalmer No. 2946

P. O. Address St Louis 6 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.