

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED JUL 12 1947

1003

Registration District No. _____

318

Primary Registration District No. _____

Registrar's No. _____

3329

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
Childrens Hospital 0
(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) 5 Hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Robertson Mo. (Rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1, Box 201 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Twin # 1 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 0

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

7. Birth date of deceased July 1, 1947
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 5 hr. _____ min.

9. Birthplace Robertson Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Theodore Miller

13. Birthplace Kane Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Wilson

15. Birthplace Foley Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Miller

(b) Address Robertson Mo.

17. (a) Robertson Mo. (b) Date thereof 7/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Foley Mo. Cemetery

18. (a) Signature of funeral director Colliers Funeral Home

(b) Address 10123 St. Chas. Rd.

19. (a) JUL 2 1947 (b) J. F. Brubaker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 2, year 47 hour 12 minute 45 AM.

21. I hereby certify that I attended the deceased from 7-1-47 to 7-2-47

that I last saw her alive on 7-2-47 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration _____

Due to _____

Due to _____

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? _____
(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 R. J. Blum (M. D. or other) _____

Address _____ Date signed _____

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..... *No Embalming*
..... Licensed Embalmer No.....
..... 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.