

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 31 1947
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No. _____

43330
71613
State File No. _____
Registrar's No. _____

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

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:
St. Louis Children's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 months
(Specify whether)

In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Lorraine Alice Miller

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased December 30 1935
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>11</u> | <u>11</u> | <u>20</u> | hr. _____ min. _____ |

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

MOTHER FATHER { 12. Name Vernon P. Miller
 13. Birthplace Aldridge Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Emelia Kottemann
 15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Vernon P. Miller
 (b) Address 3732 Vest Avenue

17. (a) Burial (b) Date thereof 12/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Kraeger-Voss, Inc.
3402 No. Kingshighway
 (b) Address _____

19. (a) DEC 21 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(If outside city or town limits, write "RURAL")
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3732 Vest Avenue
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20
 year 47 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from 12-16-1947 to 12-20-1947; that I last saw her alive on 12-20-1947 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease, cardiac failure
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. Signat. William B. Foster (M. D. or other) _____
 Address St. Louis Children Hospital Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

DEC 21 1947

Embalmer separate cert. to be filed

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.....

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.