

FILED APR 13 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2392

1. PLACE OF DEATH:

(a) County.....
(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: Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Hours
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Elvins Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
No attending physician

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3. (a) PRINT FULL NAME Marvin L Miller

3. (b) If veteran, name war Unknown
3. (c) Social Security No. 493-03-9367

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased April 20 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 10 24 hr. min.

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

10. Usual occupation Electrician

11. Industry or business.....

MOTHER FATHER { 12. Name Marvin L Miller
13. Birthplace Marquand, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Bertha Link
15. Birthplace Bonne Terra, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Miller
(b) Address Elvins, Mo.

17. (a) Removal (b) Date of removal March 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington

19. (a) MAR 18 1942 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14
year 1942 hour 10 minute 30 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
Pulmonary Oedema
Myocarditis (Toxic)
Due to Asphyxia
Other conditions (Include pregnancy within 3 months of death)

Duration

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)
(c) Means of injury.....
23. Signature W. H. Perry (M. D. or other)
Address Elvins, Mo. Date signed 3/15/42

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

22

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.....

W. W. Wilkins

Licensed Embalmer No.....

3575

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.