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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38912  
State File No. \_\_\_\_\_  
Registrar's No. **9563**

Registration District No. **318** Primary Registration District No. **1003**

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:  
City Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution One year, 13 days  
(Specify whether \_\_\_\_\_)  
In this community Unknown  
years, months or days

3. (a) PRINT FULL NAME MILLER, LILLIE  
3. (b) If veteran, name war Nil 3. (c) Social Security No. None  
4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife William Miller  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July - 24th - 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 3 143 hr. min.

9. Birthplace Graniteville Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Joseph Dubacher 5  
13. Birthplace Unknown Switzerland  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth ?  
15. Birthplace Graniteville, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Paul Brinkman  
(b) Address 5221a Paulian St.  
17. (a) Burial (b) Date thereof 11-10-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Old Appleton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) NOV 8 1946 (b) J. Bredek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Law  
(c) City or town St. Louis 617  
(If outside city or town limits, write "RURAL") 90  
(d) Street No. 5221 Paulian Place  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day seventh,  
year 1946 hour 11: minute 20 P.M.  
21. I hereby certify that I attended the deceased from October  
twenty-fifth, 1945, to Nov. seventh, 1946;  
that I last saw her alive on Nov. seventh, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Degenerative  
disease involving brain, Heart, Kidneys  
Due to And Skin: Progressive.

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) (c) Means of injury \_\_\_\_\_  
23. Signature Paul Brinkman (M. D. or other) C  
Address City Infirmary Date signed 11-9-46

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**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 *Henry M. Branner*.....

Licensed Embalmer No. *4200*.....

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.**