

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1646

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 10

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

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>FRANKLIN 27</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL - MERAMEC 5 1/4 YRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HEERMANN 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOSEPH'S HILL INFIRMARY</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print) <b>Joseph</b>	a. (First) <b>H.</b>	b. (Middle) <b>MILLER</b>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <b>FEBRUARY 10, 1949</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE 0</b>	8. DATE OF BIRTH <b>SEPT. 7, 1871</b>	9. AGE (In years last birthday) <b>77</b>	10 UNDER 1 YEAR <b>5</b>	11 UNDER 1 MIN. <b>3</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WATCH MAKER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>WATCH REPAIR</b>	11. BIRTHPLACE (State or foreign country) <b>HEERMANN, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOHN</b>	13b. MOTHER'S MAIDEN NAME <b>AGATHA HUBER</b>	14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bruce Koels, O.S.F.</b>	ADDRESS <b>St. Joseph's</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma; etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>GENERALIZED ATHEROSCLEROSIS</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>1949</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 11/12, 1946, to 2/7, 1949, that I last saw the deceased alive on 2/7, 1949, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. M. M...</b>	(Degree or title) <b>0</b>	23b. ADDRESS <b>3155 N. Vandeventer St. Louis</b>	23c. DATE SIGNED <b>2/10/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-11-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Feb 10 1949</b>	REGISTRAR'S SIGNATURE <b>Phil J. Kirk</b>	145	25. FUNERAL DIRECTOR'S SIGNATURE <b>Alexander and Sons</b>	ADDRESS <b>6175 Delmar</b>
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RECEIVED  
DISTRICT HEALTH OFFICER NO. 9,  
DISTRICT AND MEMBER  
Date Filled \_\_\_\_\_

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed John E. McCullough  
Licensed Embalmer No. 2960

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address 6175 Palma

**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.