

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10416**
2274

No. 300
10-48

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G Phillips Hospital				d. STREET ADDRESS (If rural, give location) 3134a Bell Avenue			
3. NAME OF DECEASED (Type or Print) Agnes			a. (First)	b. (Middle)	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) Mar. 8 1949	
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widow		8. DATE OF BIRTH Sept. 7 1898	
9. AGE (In years last birthday) 50		# UNDER 1 YEAR Days 6		# UNDER 1 MRS. Hours 1		# UNDER 1 MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Pacific, Missouri	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME William Layne		13b. MOTHER'S MAIDEN NAME Melvina Norris		14. NAME OF HUSBAND OR WIFE Leonard Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME William Layne ADDRESS 3651a Easton Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Hepatic flexure with Metastasis to Liver					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined					
		DUE TO (c) Uremia and Multinodular Uterine Myoma					
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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
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? _____			
22. I hereby certify that I attended the deceased from 2-3 , 19 49 , to 3-8 , 19 49 , that I last saw the deceased alive on 3-8 , 19 49 , and that death occurred at 8:55 am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Charles R. Troyer M. D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 3-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-12-49		24c. NAME OF CEMETERY OR CREMATORY Father Dickson		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 12 1949 J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Peoples Undertaking Co. 3100 Frank					

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed _____

Nettie G. Pettus

Licensed Embalmer No. _____

P. O. Address _____

4184
St. Louis, Mo.

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.