

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17983**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **2002** Registrar's No. **217**

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City,	
c. LENGTH OF STAY (in this place) 1		d. STREET ADDRESS (If rural, give location) 7040 Kingsbury Blvd.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 7040 Kingsbury Blvd.,			
3. NAME OF DECEASED (Type or Print) a. (First) LOUISE		b. (Middle) ROEDEL	
		c. (Last) MILLER.	
4. DATE OF DEATH (Month) (Day) (Year) April 12, 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 27, 1890
9. AGE (In years last birthday) 58		10. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Terre Haute, Indiana /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Julius F. Roedel.		13b. MOTHER'S MAIDEN NAME Theresa M. Hornung.	
14. NAME OF HUSBAND OR WIFE Dr. Dan Tucker Miller.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No.	
17. INFORMANT'S SIGNATURE OR NAME Dr. D.T. Miller;		ADDRESS 7040 Kingsbury Blvd.,	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1624 478	
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., in 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 12-27, 1948 , to 4-12, 1949 , that I last saw the deceased alive on 4-12, 1949 , and that death occurred at 12:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE R.V. Powell M.D. (Degree or title)		23b. ADDRESS 3720 Washington	
23c. DATE SIGNED 4-12-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/15/1949	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Terre Haute, Indiana.	
DATE REC'D BY LOCAL REG. 4-14-49		REGISTRAR'S SIGNATURE Theresa M. Hornung	
25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons;		ADDRESS 7233 Delmar Blvd.,	

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.

Student
Student Embalmer

Signed Arnold W. Schoene.....

Licensed Embalmer No. 3864.....

P. O. Address 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.