

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25113

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PHILLIPS HOSPITAL Registrar's No. 6584

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis 3</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis 17</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to HOMER G. PHILLIPS HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>514 Chouteau</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Jane</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 26 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 7, 1907</u>	9. AGE (In years last birthday) Months Days <u>42 3 19</u>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Dishwasher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Racquet Club</u>	11. BIRTHPLACE (State or foreign country) <u>Sturgis, Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Willis Davis</u>		13b. MOTHER'S MAIDEN NAME <u>Henrietta Metts</u>		14. NAME OF HUSBAND OR WIFE <u>Clinton Miller</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clinton Miller 1814 Chouteau</u>	
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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, asphyxia, 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) <u>Internal hemorrhage following stab-wound of Aorta, suffered when stabbed with knife in the hands of one Christine Martin, Col., in the kitchen of the Racquet Club, 476 N. Kingshighway, around 11:55 A.M. July 26, 1949. HOMICIDE.</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Club</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo. 167</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 26 49 11:55 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Stabbed</u>
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22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____:____ M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) <u>E. J. Day, M.D.</u>	23b. ADDRESS <u>1300 Clark Ave</u>	23c. DATE SIGNED <u>7-29-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>August 12-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>
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DATE REC'D BY LOCAL REG. <u>JUL 30 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. J. [Signature] 3847 Orange Blvd</u>
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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.

Student
Student Embalmer

Signed

C. J. Nash

Licensed Embalmer No.

2432

P. O. Address

3947 Pope

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.