

No. 300  
10. 48

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 728

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3026 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hermann, Mo.</u> <u>0391</u>	
c. LENGTH OF STAY (In this place) <u>3 mos.</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Blanche</u>		b. (Middle) <u>Julia Miller</u>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 3, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Apr. 20, 1885</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u>	IF UNDER 4 HRS. Hours <u>13</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Paris France</u> <u>5</u>
12. CITIZEN OF WHAT COUNTRY? <u>Europe A</u>			
13a. FATHER'S NAME <u>Jules Pilliet</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Dutel</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank Miller</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Frank Miller</u>		ADDRESS <u>Hermann, Mo.</u>	
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) <u>Terminal pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Carcinoma of Breast</u>	
		DUE TO (c) <u>with widespread bone metastases</u>	
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.		<u>metastases</u>	
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 <u>Oct.</u> , 19 <u>48</u> , to <u>Jan 3</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 3</u> , 19 <u>50</u> , and that death occurred at <u>6:00 p. m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>John Ryan</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Hermann Mo</u>	
23c. DATE SIGNED <u>1/5/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 7, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hermann, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 6, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>[Address]</u>	

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

RECEIVED  
JAN 7 - 1950  
District Health Officer No. 9,  
District File Number.

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 

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

Licensed Embalmer No. 2044

P. O. Address Hermann, 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.