

FILED MAR. 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7064

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 553

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY ST LOUIS		
b. CITY (If outside corporate limits, write RURAL and give town) WEBSTER GROVES		c. LENGTH OF STAY (in this place) 51 YRS	c. CITY (If outside corporate limits, write RURAL and give township) 60 TOWN WEBSTER GROVES		11.07
d. FULL NAME OF HOSPITAL OR INSTITUTION 260 W BIG BEND			d. STREET ADDRESS (If rural, give location) 260 W BIG BEND		
3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) EVA c. (Last) MILLER			4. DATE OF DEATH (Month) (Day) (Year) MCH 1. 1950		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 5 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) COULTERVILLE ILL		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME MATTHEW TREFTS		13b. MOTHER'S MAIDEN NAME MARY STERLING		14. NAME OF HUSBAND OR WIFE JOHN H 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 Inez Miller		ADDRESS 260 W. Big Bend
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) _____			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) Cerebral thrombosis			3 months		
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			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)		331X
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 Sept 1947 to Mar 1, 1950 , that I last saw the deceased alive on Feb 28, 1950 , and that death occurred at 9:20 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE C. J. Volin (Degree or title)			23b. ADDRESS 52 W. Big Bend		23c. DATE SIGNED 3/3/50
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 2-4-1950	24c. NAME OF CEMETERY OR CREMATORY BETHEL CEMETERY	24d. LOCATION (City, town, or county) (State) SWANWICK ILL	
DATE REC'D BY LOCAL REG. MAR 3 1950		REGISTRAR'S SIGNATURE Herbert O. Double		FUNERAL DIRECTOR'S SIGNATURE Fisher and Co. Webster Groves Mo. ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 _____

Leslie Welch

Licensed Embalmer No. _____

4395

P. O. Address _____

Robert Groves Mc

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.