

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11513

State File No.

317

REG. DIST. NO. 4076 PRIMARY REG. DIST. NO. 673 Registrar's No. 673

1. PLACE OF DEATH a. COUNTY ST. LOUIS,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town) ELLISVILLE,		c. CITY (If outside corporate limits, write RURAL and give township) ELLISVILLE	
c. LENGTH OF STAY (in this place) 3 years		d. STREET ADDRESS (If rural, give location) RURAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION SUNSET NURSING HOME			
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD		b. (Middle) ANDREW	
c. (Last) MILLEN.		4. DATE OF DEATH (Month) (Day) (Year) March 14, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 7 1872
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) D.D.S. (Dentist)		10b. KIND OF BUSINESS OR INDUSTRY - - -	11. BIRTHPLACE (State or foreign country) Albany, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Marion Millen.	
13b. MOTHER'S MAIDEN NAME Virginia Smith.		14. NAME OF HUSBAND OR WIFE Gertrude A. Millen.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gertrude A. Millen; 6830 Waterman Ave.,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion	
INTERVAL BETWEEN ONSET AND DEATH 7 hrs.		ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart disease	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 2-20 , 1950, to 3-14 , 1950, that I last saw the deceased alive on 3-14 , 1950, and that death occurred at 10 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Hollie Rhueberger		23b. ADDRESS 654 N. Kirkwood Rd., Kirkwood 22 Mo.	
23c. DATE SIGNED 3-15-50		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3/15/50		24c. NAME OF CEMETERY OR CREMATORY Albany, Missouri.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 15 1950		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.	

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

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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.....

Clarence H. Murray

Licensed Embalmer No. *4011*

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.

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