S. No. 300
v. 10.48

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22364

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1953

1. PLACE OF DEATH
a. COUNTY ST.LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JEFF.BRKS,MO.
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VET.ADMIN.HOSP.JEFF.BRKS,MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST.LOUIS 2219
d. STREET ADDRESS (If rural, give location) 21 2030 Cole St., 1

3. NAME OF DECEASED (Type or Print)
a. (First) MONROE
b. (Middle) (NMI)
c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year) MAY 14,1950

5. SEX M 2
6. COLOR OR RACE N
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3
8. DATE OF BIRTH 11-23-08
9. AGE (In years last birthday) 41 — If under 1 year: Months 5, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) St.Louis,Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME THOMAS MILLER
13b. MOTHER'S MAIDEN NAME ANNA WATTS
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII
16. SOCIAL SECURITY NO. UNK
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS,JEFF.BRKS,MO. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIOVASCULAR DISEASE

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 443X
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) None
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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* VA *attended the deceased from* 5-14-50, 19__, *to* 5-14-50, 19__, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~, *and that death occurred at* 8:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE E. Stewart Mo (Name or title) CHIEF,PROFESSIONAL SERVICES
23b. ADDRESS JEFF.BRKS,MO.
23c. DATE SIGNED 5-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-19-50
24c. NAME OF CEMETERY OR CREMATORY National
24d. LOCATION (City, town, or county) (State) Jeff.Brks,Mo.

DATE REC'D BY LOCAL REG. 5-16-50
REGISTRAR'S SIGNATURE Herbert R. Wombe, MD
25. FUNERAL DIRECTOR'S SIGNATURE LOVE UNDERTAKING COMPANY,St. Louis,Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____,

working under my personal supervision.

Student Embalmer No. _____

Signed W. Claude Gordon

Signed _____
Student Embalmer

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

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.