.S. No. 300
EV. 10.48

4007

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28947

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 1924

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves
c. LENGTH OF STAY (in this place): 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 435 W. Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2029
d. STREET ADDRESS (If rural, give location): 6016 S. Kingshighway Bl.

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) N. c. (Last) Miller

4. DATE OF DEATH (Month) August (Day) 8 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Oct. 31, 1869

9. AGE (In years last birthday): 80 | If under 1 year: Months | Days | If under 1 hr.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: a

11. BIRTHPLACE (State or foreign country): Greencastle, Ind.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: James S. Nutt

13b. MOTHER'S MAIDEN NAME: Sarah Peck

14. NAME OF HUSBAND OR WIFE: Late Paul M. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Paul M. Miller Jr. 6016 S. Kingshighway

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary thrombosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive vascular disease 4201

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* August 8, 19 50, *to* _____, 19___, *that I last saw the deceased alive on* Aug. 8, 19 50, *and that death occurred at* 9:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert C. Kingsland (Degree or title) Robert C. Kingsland M.D. | **23b. ADDRESS** 31 N. Brentwood Blvd., Clayton | **23c. DATE SIGNED** Aug. 8, '50

24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment | **24b. DATE** Aug. 11, 1950 | **24c. NAME OF CEMETERY OR CREMATORY** Oak Grove Mausoleum | **24d. LOCATION** (City, town, or county) (State) St. Louis Co. Mo.

DATE REC'D BY LOCAL REG. 8-10-50 | **REGISTRAR'S SIGNATURE** Herbert R. Domke M.D. | **25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS** Kriegshauser 4228 S. Kingshighway Bl

(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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Richard W. Stoversand

Licensed Embalmer No. 4007

P. O. Address .....

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.