

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32062

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 2237

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>St. Louis,</b>	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>Kirkwood, Missouri.</b>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>Kirkwood,</b>	
c. LENGTH OF STAY (in this place) <b>4 years</b>		d. STREET ADDRESS (If rural, give location) <b>696 W. Washington,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ida Tammany Home.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>NELLIE</b>		b. (Middle) <b>DAVIE</b>		c. (Last) <b>MILLER.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sep't 18, 1950.</b>									
5. SEX <b>Female!</b>		6. COLOR OR RACE <b>White.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed.</b>		8. DATE OF BIRTH <b>August 6, 1869.</b>		9. AGE (In years last birthday) <b>81.</b>		IF UNDER 1 YEAR Days		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home..</b>				10b. KIND OF BUSINESS OR INDUSTRY .....				11. BIRTHPLACE (State or foreign country) <b>Paducah, Kentucky. /</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Thomas Wilson.</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Elam.</b>			14. NAME OF HUSBAND OR WIFE <b>Ben W. Miller, Dec'd.,</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no.</b>			16. SOCIAL SECURITY NO. <b>none.</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Robert E. Lamar.. 7914 Delmar Blv'd.,</b>					

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>								INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Essential Hypertension</b>								<b>5 years.</b>	
		DUE TO (c)									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<b>331X</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **Sept 16, 1950**, to **Sept 17, 1950**, that I last saw the deceased alive on **Sept 17, 1950**, and that death occurred at **11:40 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Walter W. Davis, M.D.</b> (Degree or title)				23b. ADDRESS <b>539 N Grand Ave</b>		23c. DATE SIGNED <b>9/19/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/21/50.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery..</b>		24d. LOCATION (City, town, or county) (State) <b>7600 St. Charles Rock Rd.,</b>	
DATE REC'D BY LOCAL REG. <b>9-20-50</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dombke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons..</b>		ADDRESS <b>7233 Delmar Blv'd.,</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

*Handwritten notes*

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.....  
Student Embalmer

Signed *Melvin L. Kemper*

Licensed Embalmer No. *4052*

P. O. Address *4007 Jennings St  
Pine Bluff, 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.