

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35081
318
PRIMARY REG. DIST. NO. 1002
Registrar's No. 8627

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN) <i>ST. LOUIS</i>				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1429 N. 16TH STREET</i>				d. STREET ADDRESS (If rural, give location) <i>1429 N. 16TH STREET</i>					
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
<i>JOHN</i>		<i>McMiller</i>						<i>10 10 1950</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>Negro</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>12-9-1891</i>		9. AGE (In years last birthday) <i>58</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORER</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Mississippi</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>			
13a. FATHER'S NAME <i>John McMiller</i>			13b. MOTHER'S MAIDEN NAME <i>Martha</i>			14. NAME OF HUSBAND OR WIFE <i>Ernie McMiller</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>494-28-1744</i>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Monita McMiller 1397 Shaw Blvd. St. Louis, Mo</i>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>bronchial asthma</i></p> <p>ANTECEDENT CAUSES</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)</p> <p>DUE TO (c)</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>								<i>2 years</i>	
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>24HX</i>					
22. I hereby certify that I attended the deceased from <i>10 April 1950</i> to <i>Oct 9, 1950</i> , that I last saw the deceased alive on <i>Oct 9, 1950</i> and that death occurred at <i>10A</i> m., from the causes and on the date stated above.									
23a. SIGNATURE (Type or Print) <i>W. Deaton MD</i>				23b. ADDRESS <i>2742 Franklin</i>				23c. DATE SIGNED <i>Oct 19</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>10-14-1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Brown Wood</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis MO</i>			
DATE REC'D BY LOCAL REG. <i>OCT 13 1950</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Harris Brown 1405 Biddle St</i>					

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

Leroy W. Bannister

Licensed Embalmer No.

4523

P. O. Address

3880 Easton A

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.