

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1950

State File No. **35136**

BIRTH NO. 11298-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7612

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis - Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves 4577</u>	
c. LENGTH OF STAY (in this place) <u>89 days</u>		d. STREET ADDRESS (If rural, give location) <u>118 West Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>Worester</u> c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 6 - 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>11</u>	8. DATE OF BIRTH <u>Feb - 9 - 50</u>
9. AGE (In years last birthday) <u>6</u> IF UNDER 1 YEAR Months <u>28 days</u> IF UNDER 1 MIN. Hours		11. BIRTHPLACE (State or foreign country) <u>St. Louis - Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>Amer</u>	
10b. KIND OF BUSINESS OR INDUSTRY		14. NAME OF HUSBAND OR WIFE	
13a. FATHER'S NAME <u>Harry L. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Kalle; Schulz</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME		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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydronephrosis and Hydroneuritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mo.</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital valves in ureters</u>		DUE TO (c) <u>Uremia</u>		<u>8 mo.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>8 weeks</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 <u>757.2</u>		

22. I hereby certify that I attended the deceased from 6-9, 1950, to 9-6, 1950, that I last saw the deceased alive on 9-6, 1950, and that death occurred at 4:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm L Shuster</u>	(Degree or title) <u>Mo</u>	23b. ADDRESS <u>Children's Hosp.</u>	23c. DATE SIGNED <u>9-6-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>100F Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Duquoin Ill</u>
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DATE REC'D BY LOCAL REG. <u>SEP 8 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Sasator</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u>	ADDRESS <u>Manchester Ave. St. Louis 10, Mo.</u>
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WHITE PRINTED - 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.....

Van M Sigemore

Signed.....

Student Embalmer

Licensed Embalmer No. 4343

P. O. Address ST LOUIS 10

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.