No. 300
10.48

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

FILED JAN 13 1951
#90590

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42607

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11343

1. PLACE OF DEATH
a. COUNTY: 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis, Missouri
c. LENGTH OF STAY (In this place): 1/
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2 / 19
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St.Louis 1 / 0
d. STREET ADDRESS (If rural, give location): 3225 Montgomery St.,

3. NAME OF DECEASED (Type or Print): a. (First) FRED b. (Middle) H c. (Last) MILLER
4. DATE OF DEATH (Month) (Day) (Year): December 19th, 1950
5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single 0
8. DATE OF BIRTH: 11/16/1869
9. AGE (In years last birthday): 81 | 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): O.A.A.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany 4
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: Fred Miller
13b. MOTHER'S MAIDEN NAME: Louisa unknown
14. NAME OF HUSBAND OR WIFE:
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: M.Renard ADDRESS: St.Louis City Hospital #1.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Post operative Shock.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Transurethral Prostatectomy
for
DUE TO (c) Nodular Hyperplasia of Prostate Gland

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:
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? 610X

22. *I hereby certify that I attended the deceased from* 11/12/50 *19*____, *to* 12/19/50, *19*____, *that I last saw the deceased alive on* 12/19/50, *19*____, *and that death occurred at* 1:25pm *m., from the causes and on the date stated above.*

23a. SIGNATURE: J.D. Ferris M.D. 0 (Degree or title)
23b. ADDRESS: 1515 Lafayette Ave.,
23c. DATE SIGNED: 12/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify): 6
24b. DATE: JAN 9 1951
24c. NAME OF CEMETERY OR CREMATORY: Anatomical Board
24d. LOCATION (City, town, or county) (State):

DATE RECEIVED BY LOCAL REG.: JAN 9
REGISTRAR'S SIGNATURE: J. B. Lanter
25. FUNERAL DIRECTOR: Rowland Mortuary Service Inc. ADDRESS: 4104 Manchester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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

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