

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43763
State File No. _____
Registrar's No. 10970

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2229

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital e. STREET ADDRESS (If rural, give location) 1216 So. 11th St.

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Miller
John Mueller also known as Miller 4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH Jan. 15, 1888 9. AGE (In years last birthday) 62

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance 10b. KIND OF BUSINESS OR INDUSTRY Real Estate 11. BIRTHPLACE (State or foreign country) Austria 12. CITIZEN OF WHAT COUNTRY? ?

13a. FATHER'S NAME Frank Miller 13b. MOTHER'S MAIDEN NAME Lulu Unknown 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Unk. 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas M. Brady, P.A., St. Louis, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Meningitis 2. Fracture of skull when struck by a automobile driven by one Marcell Warmsley (Col.) around 5:10 P.M., Nov. 20, 1950, on Delmar Boulevard about 30 feet west of Leonard Avenue. ACCIDENT
INTERVAL BETWEEN ONSET AND DEATH 3-8/24 25
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-20-50 5:10 p.m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? See above

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:55A.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph W. Quinn (Degree or title) 23b. ADDRESS 1300 Clark 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-21-50 24c. NAME OF CEMETERY OR CREMATORY Memorial Park 24d. LOCATION (City, town, or county) (State) Normandy, Mo.

DATE REC'D BY LOCAL REG. 12-20-50 REGISTRAR'S SIGNATURE J. B. Insater 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.

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 *John J. Haines*.....

Licensed Embalmer No. *44108*.....

P. O. Address *St. Louis, 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.