S. No. 300
v. 10.48

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3284

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 251

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richmond Hts Mo
c. LENGTH OF STAY (in this place) 3 Mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home 7424 Arlington Dr

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Ill
b. COUNTY Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chicago Ill 8120
d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED (Type or Print)
a. (First) ELLA
b. (Middle) MARIE
c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year) Jan 28-1951

5. SEX F 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed W
8. DATE OF BIRTH Mar 10-1872
9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months 10 Days 18 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (State or foreign country) Crafton Pa 1
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Burke
13b. MOTHER'S MAIDEN NAME Mary Hishen
14. NAME OF HUSBAND OR ~~WIFE~~ Joseph Watson Miller Deceased

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 Mr Wendell H Moore 7424 Arlington Dr 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr. Cardio Vascular Renal Disease — Chr
DUE TO (c) Arterio Sclerosis — Chr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senicity — Chr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 442 X
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?

22. *I hereby certify that I attended the deceased from* Nov 15 1950 *to* Jan 29, 1951, *that I last saw the deceased alive on* Jan 28, 1951, *and that death occurred at* 12 45 *m., from the causes and on the date stated above.*

23a. SIGNATURE Harold J. Ott (Degree or title) M.D.
23b. ADDRESS 2816 Sutton St Louis 17
23c. DATE SIGNED 1/29/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 31-1951
24c. NAME OF CEMETERY OR CREMATORY Calvary Cem
24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. 1/30/51
REGISTRAR'S SIGNATURE Herbert R. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE H H Bockloge 6536 Clayton Rd ADDRESS Rich Hts 17 Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Me

working under my personal supervision.

Student Embalmer No.....

Signed: Elton R. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.