

FILED JAN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3397

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 6076 Registrar's No. 71

1. PLACE OF DEATH
 a. COUNTY St. Louis County
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eureka Mo.
 c. LENGTH OF STAY (in this place) 3 months
 d. FULL NAME OF HOSPITAL OR INSTITUTION Mecamer Heights

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY St. Louis County
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eureka, MISSOURI 4990
 d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED a. (First) CAROLINE (Middle) GAMBLE (Last) MILLER c. (Last) MILLER
 (Type or Print) CAROLINE G. MILLER 4. DATE OF DEATH (Month) (Day) (Year) Jan'y 9 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH Sep't 13 1866 9. AGE (In years last birthday) 84 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 WKS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edgar Miller 13b. MOTHER'S MAIDEN NAME Mary Coalter Gamble 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) No. 16. SOCIAL SECURITY NO. No. 17. INFORMANT'S SIGNATURE OR NAME Miss Constance Greer - Eureka, Mo. 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) Chronic myocarditis
 ANTECEDENT CAUSES DUE TO (b) Hypertensive cardiac-renal disease 10-yr.
 DUE TO (c) Arteriosclerosis 15-yr.
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

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

21a. ACCIDENT (Specify) none 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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 11-10, 1950, to 1-9, 1951, that I last saw the deceased alive on 1-9, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) _____ 23b. ADDRESS Box 83 Eureka, Mo. 23c. DATE SIGNED 1-9-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan'y 11 1951 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. _____ REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons ADDRESS 7233 Delmar Bly'd.

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Arnold W. Schoene

Signed.....

Student Embalmer

Licensed Embalmer No.....

3864

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.