

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1555

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____									
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				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							
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital				/4 STREET ADDRESS (If rural, give location) 4940 Eichelberger											
3. NAME OF DECEASED (Type or Print) ERNEST			a. (First) E.		b. (Middle) MILLER		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Feb. 14 1951						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 4, 1884		9. AGE (In years last birthday) 66		10. # UNDER 1 YEAR Months Days		11. # UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman				10b. KIND OF BUSINESS OR INDUSTRY Famous-Barr Co.				11. BIRTHPLACE (State or foreign country) Hannibal, Mo.				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Nathan Miller				13b. MOTHER'S MAIDEN NAME Emma Clayton				14. NAME OF HUSBAND OR WIFE _____							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Mueller				ADDRESS 4940 Eichelberger			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterial sclerosis - general DUE TO (c) _____ 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 <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) _____ m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 321X							
22. I hereby certify that I attended the deceased from 1935 to 2-14, 1951, that I last saw the deceased alive on 2-13, 1951, and that death occurred at 4:15 Am., from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) Eugene J. O'Connell M.D.						23b. ADDRESS 634 N. Grand				23c. DATE SIGNED 2/15/51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 16, 1951		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens				24d. LOCATION (City, town, or county) St. Louis Co. Mo. (State)							
DATE REC'D BY LOCAL REG. FEB 15 1951				REGISTRAR'S SIGNATURE J. B. Karater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.							

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

63-110 Howard Ave

X

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 Richard N. Stoverand

Signed.....

Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

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.