

FILED MAR 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6438
Registrar's No. 1695

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 31 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hosp. #1.			2. STREET ADDRESS (If rural, give location) 2903 Wisconsin Avenue		
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) JOSEPH		c. (Last) MILLER	
4. DATE OF DEATH (Month) (Day) (Year) February 14 1951		5. SEX M O		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M I		8. DATE OF BIRTH Dec. 25, 1873		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Columbia, Illinois	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Clara		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 Corine Brown		ADDRESS 2903 Wisconsin Avenue			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Arteriosclerosis</i>			yrs
DUE TO (c) <i>Smoking</i>		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 <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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>321X</i>	
22. I hereby certify that I attended the deceased from <i>Jan 19 1950</i> to <i>Feb 16 1950</i> , that I last saw the deceased alive on <i>Feb 16 1951</i> , and that death occurred at <i>10:45 P.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>J. B. Luster</i>			23b. ADDRESS <i>2752 1/2 Cherokee</i>		23c. DATE SIGNED <i>2-20-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24b. DATE <i>2-21-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mount Hope</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>McLaughlin's</i>			
25. FUNERAL DIRECTOR'S ADDRESS <i>2501 Lafayette Avenue</i>		DATE REC'D BY LOCAL REG. FEB 20 1951			

(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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.

Licensed Embalmer No. 3363

P. O. Address St. Louis

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.