

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10435**
Registrar's No. **2927**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2927	
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		2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION: City Hospital				d. STREET ADDRESS (If rural, give location) 7608 Idaho			
3. NAME OF DECEASED (Type or Print) a. (First) Herman b. (Middle) W. c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) Mch. 27 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Aug. 25 1942	9. AGE (In years last birthday) 8	# UNDER 1 YEAR Months _____ Days _____	# UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME James Miller			13b. MOTHER'S MAIDEN NAME Mae Koiora		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 James Miller 7608 Idaho			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		MEDICAL CERTIFICATION <i>Chronic Subdural Hematoma</i> <i>History of falling down a step at his home about 4 years ago, gradually becoming an invalid</i>		INTERVAL BETWEEN ONSET AND DEATH 331K	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Accident, etc.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month), (Day), (Year), (Hour), (Minute) 03:00 PM 3/27/51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331K			
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 8:00 A. m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Patrick C. Taylor MD 3</i>				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 3.29.51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mch. 30 1951		24c. NAME OF CEMETERY OR CREMATORY Pilot Knob Cem.		24d. LOCATION (City, town, or county) (State) Pilot Knob Mo.	
DATE REC'D BY LOCAL REG. MAR 29 1951		REGISTRAR'S SIGNATURE <i>J. B. Lanster</i>		25. FUNERAL DIRECTOR'S SIGNATURE Jos. P. Fendler Jr. 7128 Michigan			

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

VS FEB 18 1960

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

Student Embalmer No.....

Signed

Clarence Rochow

Licensed Embalmer No. *3093*

P. O. Address *7128 Michigan*

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.