

FILED JUN 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 18382

BIRTH NO. 33019-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4244

I. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
 c. LENGTH OF STAY (in this place) _____
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **De Paul Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Mo.**
 b. COUNTY _____
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis 2069**
 d. STREET ADDRESS (If rural, give location) **1435 Belt Ave.**

3. NAME OF DECEASED
 a. (First) **Lee** b. (Middle) ******* c. (Last) **Miller**
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
May 21 1951

5. SEX **male** **6. COLOR OR RACE** **white**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **//**
8. DATE OF BIRTH **May 21 1951**
9. AGE (In years last birthday) **16**
 IF UNDER 1 YEAR: Months _____ Days _____
 IF UNDER 6 HRS: Hours _____ Min. _____

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

13a. FATHER'S NAME **Leonard Miller**
13b. MOTHER'S MAIDEN NAME **Frances Maxwell**
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) _____
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME **Leonard Miller, 1435 Belt Ave.**
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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Premature Birth**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Low Implanted Placenta**
 DUE TO (c) _____
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 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) _____
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? **761.5**

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 4:16a m., from the causes and on the date stated above.

23a. SIGNATURE **D. H. Mastachlin MD** (Degree or title) **23b. ADDRESS** _____
23c. DATE SIGNED **5/21/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial //**
24b. DATE **5/22/51**
24c. NAME OF CEMETERY OR CREMATORY **Lake Charles**
24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REG. **MAY 21 1951**
REGISTRAR'S SIGNATURE **J. B. Laster**
25. FUNERAL DIRECTOR'S SIGNATURE **Drehmann-Harral**
ADDRESS **1905 Union Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Mastachin,
3903 Olive St.

(1 to 5)

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

No embalming

working under my personal supervision.

Student Embalmer No.

Signed

Albert R. Thompson

Signed.....
Student Embalmer

Licensed Embalmer No. *4237*

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.