

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25009

FILED JUL 16 1951

State File No. 5805

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 3353 Indiana Ave.			
3. NAME OF DECEASED (Type or Print) MYRTLE		a. (First)		b. (Middle)		c. (Last) MILEY	
4. DATE OF DEATH JUNE 27 1951		5. SEX Female		6. COLOR OR RACE White		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED, MARRIED MARRIED	
8. DATE OF BIRTH June 1, 1904		9. AGE (In years last birthday) 47 years		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seamstress		11. BIRTHPLACE (State or foreign country) Mosaw Mills, Mo.	
10a.		10b. KIND OF BUSINESS OR INDUSTRY Elinor Frocks		12. CITIZEN OF WHAT COUNTRY? U.S.A.		12.	
13a. FATHER'S NAME Eugene Brown		13b. MOTHER'S MAIDEN NAME Nannie French		14. NAME OF HUSBAND OR WIFE Robert Miley			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Marilyn Hoerner, 3353 Indiana Ave.			
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) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ovarian Ca & carcinoma</u> 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 <u>Ovarian Ca & Carcinomatosis</u>		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? <u>175X</u>					
22. I hereby certify that I attended the deceased from <u>5-3-51</u> , 19 <u> </u> , to <u>6-27-51</u> , 19 <u> </u> , that I last saw the deceased alive on <u>6-27-51</u> , 19 <u> </u> , and that death occurred at <u>12:30A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. D. Les, M. D.</u>				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 6-27-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 30, 1951		24c. NAME OF CEMETERY OR CREMATORY N. St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri	
DATE REC'D BY LOCAL REG. JUN 28 1951		REGISTRAR'S SIGNATURE <u>J. B. Losater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Witt Bros. Liv. & Und. Co. 2929 S. Jeff. Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

*Walter
Green*

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *H. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *2929 Jefferson*

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.