

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28537
7800

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2149 STREET ADDRESS (If rural, give location) 4985 Theolozan Ave		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4985 Theolozan Ave		11/ STREET ADDRESS 4985 Theolozan Ave		
3. NAME OF DECEASED (Type or Print) Alvina		a. (First)	b. (Middle)	c. (Last) Miller
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF DEATH 9-1-1951		9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Francis Eynatten		13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE John H. Miller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) No		16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME <i>John H. Miller</i>		ADDRESS 4985 Theolozan 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene of foot ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Diabetes mellitus DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 6 mo. 12 yr.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 2nd X
22. I hereby certify that I attended the deceased from Mar. 7, 1951 , to Sept 1, 1951 , that I last saw the deceased alive on Sept 1, 1951 , and that death occurred at 11:30 P. from the causes and on the date stated above.				
23a. SIGNATURE <i>Edwin P. Meiner M.D.</i>		23b. ADDRESS (Degree or title) 6651. ENRIGHT AV		23c. DATE SIGNED 9-4-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-5-1951		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery
24d. LOCATION (City, town, or county) (State) 4360 Bates St Mo		25. FUNERAL DIRECTOR'S SIGNATURE <i>Earl Smith</i>		
DATE REC'D BY LOCAL REG. SEP 4 1951		REGISTRAR'S SIGNATURE <i>Earl Smith</i>		
26. ADDRESS 6409 Gravois Ave		27. (Licensed Embalmer) (Statement on Reverse Side)		

CA 5042 1 to 3 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John S. Renner*.....

Licensed Embalmer No. *4194*.....

P. O. Address *St. Louis MO*.....

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.