

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31704**
Registrar's No. **8058**

FILED SEP 22 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. 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) St. Mary's Infirmary		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Nebraska b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lincoln d. STREET ADDRESS (If rural, give location) 309 So. 20th Street	
3. NAME OF DECEASED (Type or Print) a. (First) Brey b. (Middle) Exura c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) 9 9 51	
5. SEX Female 3		6. COLOR OR RACE Colored	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH 1-11-1898	
9. AGE (In years last birthday) 53 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) Mississippi 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Employee		12. CITIZEN OF WHAT COUNTRY? USA	
10b. KIND OF BUSINESS OR INDUSTRY Post Office		13. FATHER'S NAME Pinck Hill	
13a. FATHER'S NAME Pinck Hill		13b. MOTHER'S MAIDEN NAME Eliza Johnson	
14. NAME OF HUSBAND OR WIFE John Miller 309 So. 20th		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 Xacadene A. Hill Fox	
17. ADDRESS 4257 St. Louis 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, asthenia, etc. It means the disease, injury, or complication which caused death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of lung		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of breast		_____	
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 <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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 170 X		22. I hereby certify that I attended the deceased from <u>July 1, 1951</u> , to <u>Sept. 9, 1951</u> , that I last saw the deceased alive on <u>9-9-1951</u> , and that death occurred at <u>11: A. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Walter A. Young M.D.		23b. ADDRESS 2337 Market St. St. Louis Mo	
23c. DATE SIGNED 9/11/51		24a. BURIAL, CREMATION, REMOVAL (Specify) Removed 5	
24b. DATE 9-12-51		24c. NAME OF CEMETERY OR CREMATORY Lincoln	
24d. LOCATION (City, town, or county) (State) Nebraska		25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc. 2820 Stoddard St.	
DATE REC'D BY LOCAL REG. SEP 11 1951		REGISTRAR'S SIGNATURE J. Callmuth, M.D.	

FEB 24 1955

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 F. J. ...

Licensed Embalmer No. 4198

P. O. Address ... 137

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.