

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32191

State File No. ....

XC-1186 105

Reg.# 93013

BIRTH NO. FILED SEP 21 1951 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3179

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>ILLINOIS</b> b. COUNTY <b>MASSACHUSETTS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF. BRKS., MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>METROPOLIS</b> <span style="float:right">8/20</span>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETS. ADMIN. HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1020 Metropolis Street</b>	
3. NAME OF DECEASED (Type or Print)	a. (First) <b>JAMES</b>	b. (Middle) <b>L.</b>	c. (Last) <b>MILLER</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>9-17-51</b>		5. SEX <b>MALE</b>	
6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>8-13-91</b>	9. AGE (In years last birthday) <b>60</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GUARD</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>BOAZ, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>THOMAS E. MILLER</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA FIRZELL</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>WWI</b>	
16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</b>	
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) <b>METASTATIC CARCINOMA OF LOWER LIP</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>140X</b>	
19a. DATE OF OPERATION <b>4-17-51</b>		19b. MAJOR FINDINGS OF OPERATION <b>EXTENSIVE METASTATIC CARCINOMA OF LEFT LOWER LIP</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH <b>18 months</b>	
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	
22. I hereby certify that I attended the deceased from <u>4-24</u> , 19 <u>51</u> , to <u>9-17</u> , 1951, and that death occurred at <u>11:50A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>[Signature] M.D.</b>		23b. ADDRESS <b>VA HOSP. JEFF. BRKS., MO.</b>	23c. DATE SIGNED <b>9-17-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>9-18-51</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Metropolis, Ill.</b>
DATE REC'D BY LOCAL REG. <b>9-18-51</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>AIKINS FUNERAL HOME, METROPOLIS, ILLINOIS</b>	

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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 J. Haines* .....

Licensed Embalmer No. *4108* .....

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.