No. 300
10-48

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35902

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 3069 Registrar's No. 3562

1. PLACE OF DEATH
a. COUNTY: Saint Louis Cts
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (In this place): 24 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton 4462
d. STREET ADDRESS (If rural, give location): 6322 Rosebury

3. NAME OF DECEASED (Type or Print)
a. (First): Hattie
b. (Middle): C.
c. (Last): Miller

4. DATE OF DEATH (Month): Oct. (Day): 31 (Year): 1951

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 19, 1874
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Wigmaker
11. BIRTHPLACE (State or foreign country): Bloomington, Ill.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: John Shostrom
13b. MOTHER'S MAIDEN NAME: Martha Westrom
14. NAME OF HUSBAND OR WIFE: Albert L. V. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Minnie C. Petersen, 6322 So. Rosebury

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 20 days
DUE TO (c) arteriosclerosis & Hypertension — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture right hip oct 7/51

19a. DATE OF OPERATION: Right hip nailed oct 9/51
19b. MAJOR FINDINGS OF OPERATION: 332X
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify): 2
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: slipped in living Room of Home

22. *I hereby certify that I attended the deceased from* April 23, 1941, *to* Oct 31, 1951, *that I last saw the deceased alive on* Oct 31, 1951, *and that death occurred at* 3:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max Stabloff MD
23b. ADDRESS: 512 Dean Place
23c. DATE SIGNED: 11/1/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 2, 1951
24c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: 11-1-51
REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: C. Hoffmeister, Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

OK. Annie Hillman

Dr. Max Starkloff

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 Harry J Schumacher
Licensed Embalmer No. 2679
P. O. Address 7814 S Broadway

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.