S. No. 300
v. 10.48

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

FILED DEC 8 - 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

1003

State File No. 39451

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. _____ Registrar's No. 10574

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 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. Luke's Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 1026 Sanford Avenue

2047

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

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 26, 1951

**5. SEX**: Female

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: Sept. 29, 1865

**9. AGE** (In years last birthday): 86
IF UNDER 1 YEAR: Months: 1 Days: 25
IF UNDER 24 HRS.: Hours: Min.:

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): At home

**10b. KIND OF BUSINESS OR INDUSTRY**: Housewife

**11. BIRTHPLACE** (State or foreign country): Dubuque, Iowa

**12. CITIZEN OF WHAT COUNTRY?**:

**13a. FATHER'S NAME**: Gustav Grahl

**13b. MOTHER'S MAIDEN NAME**: Agnes Schilker

**14. NAME OF HUSBAND OR WIFE**: William H. 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.**: -

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Wm. H. Miller, 1026 Sanford 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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary arteriosclerosis — years
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 ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

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22. *I hereby certify that I attended the deceased from* 6 June, 1950, *to* 11/26/51, *that I last saw the deceased alive on* 11/26/51, *and that death occurred at* 11:40 P.M. *from the causes and on the date stated above.*

**23a. SIGNATURE**: Robert Parin (Degree or title): M. D.
**23b. ADDRESS**: 3720 Washington Blvd.
**23c. DATE SIGNED**: 11/27/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Cremation
**24b. DATE**: 11/28/51
**24c. NAME OF CEMETERY OR CREMATORY**: Valhalla Crematory
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: NOV 28 1951
REGISTRAR'S SIGNATURE: Karl Smith M.D.
W.D.G.

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Ambruster Mortuary, 6633 Clayton Rd.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Ernest W. Spillard

Licensed Embalmer No. 4080

P. O. Address.....

**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.