

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39452

State File No.

10193

FILED DEC 1 1951
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BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10193

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY	
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (If in place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3315 Market (Bear)</u>		e. CITY OR TOWN <u>St. Louis</u> f. STATE <u>MO.</u>	
3. NAME OF DECEASED (Type or Print) <u>JOHN GREY MILLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 4 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>3 18 98</u>
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>Alabama</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Wm</u>	
13b. MOTHER'S MAIDEN NAME <u>Wm</u>		14. NAME OF HUSBAND OR WIFE <u>Wm</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and date of service) <u>Wm</u>		16. SOCIAL SECURITY NO. <u>Wm</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>J. C. Taylor</u>		ADDRESS <u>Coroner 1300 Clark</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Oedema of Brain</u> ANTECEDENT CAUSES DUE TO (b) <u>Pulmonary Congestion</u> DUE TO (c) <u>Cardiac Hypertrophy</u> 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 checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>H343</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:00 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John Miller</u> (Doctor or title)		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>11/14/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-17-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>	
DATE FILED BY LOCAL REG. <u>Nov 16 1951</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gus Lowe</u> ADDRESS <u>2930 Dickson St.</u>	

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 _____

Students of Mortuary College

working under my personal supervision.

Student Embalmer No.

Signed *James G. Lammers*

Signed

Student Embalmer

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.