

STANDARD CERTIFICATE OF DEATH

State File No. **40043**

FILED DEC 8 - 1951

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **38721**

1. PLACE OF DEATH a. COUNTY ST. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY St Louis		
b. CITY (If outside corporate limits, write RURAL and give township) CLAYTON		c. LENGTH OF STAY (in days) 60 days	c. CITY (If outside corporate limits, write RURAL and give township) 9 TOWN KINLOCH		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. Louis County Hospital			d. STREET ADDRESS (If rural, give location) 12 Le Hogue		

3. NAME OF DECEASED (Type or Print) Edward Miller			4. DATE OF DEATH (Month) (Day) (Year) Dec. 1 1951		
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5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Aug. 22, 1879		9. AGE (In years last birthday) 72 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POSTAL CLERK			10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov.			11. BIRTHPLACE (State or foreign country) Memphis, Tennessee			12. CITIZEN OF WHAT COUNTRY? U.S.		
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13a. FATHER'S NAME Edw. Miller			13b. MOTHER'S MAIDEN NAME MARY COX			14. NAME OF HUSBAND OR WIFE BERTIE MILLER		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertie Miller Kinloch, Mo.			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last. DUE TO (b) pulmonary congestion DUE TO (c) luetic heart disease						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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 023X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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) 023X			
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 Nov. 25, 1951, to Dec. 1, 1951, that I last saw the deceased alive on Dec. 1, 1951, and that death occurred at 8:18 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Philip L. Wachtel, M.D.			23b. ADDRESS 601 S. Brentwood, Clayton, Mo.			23c. DATE SIGNED 12/2/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-6-1951		24c. NAME OF CEMETERY OR CREMATORY Washington PARK		24d. LOCATION (City, town, or county) (State) St. Louis, Co. MO	
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DATE REC'D BY LOCAL REG. 12-3-51		REGISTRAR'S SIGNATURE Herbert P. Bonde		25. FUNERAL DIRECTOR'S SIGNATURE McCHARLES J. GATES		ADDRESS 407 FINNEY	
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 4257

P. O. Address 4127 J

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.