

NOV 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40044
State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3608

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>910 W. Big Bend Blvd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kate</u> b. (Middle) _____ c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-4-1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>Oct. 1, 1876</u>		9. AGE (In years last birthday) <u>75</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE _____	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Hoffmann</u> ADDRESS <u>2123g Alfred Ave.</u>	
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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>pneumonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pulmonary congestion</u> DUE TO (c) <u>cardiac failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>hypoproteinemia</u>			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>no</u>		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) <u>4343</u>	
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? _____	

22. I hereby certify that I attended the deceased from 9-21-, 1951, to 11-4, 1951, that I last saw the deceased alive on 11-4-, 1951, and that death occurred at 5:12 m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Philip L. Waughal, M.D.</u>		23b. ADDRESS <u>2001 S. Breckwood Clayton, Mo.</u>		23c. DATE SIGNED <u>Nov. 5, '51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Nov. 6, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Crematory</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>11-5-51</u>		REGISTRAR'S SIGNATURE <u>Robert A. Jomke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

to add 0

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 *Edwin M. Lermuth* _____

Licensed Embalmer No. *3024* _____

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.