

STANDARD CERTIFICATE OF DEATH

State File No. 44200
Registrar's No. 10912

FILED FEB 8 1952

318

PRIMARY REG. DIST. NO. 1003

10912

BIRTH NO.

REG. DIST. NO.

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Registrar's No.

10912

1. PLACE OF DEATH a. COUNTY			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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 Days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		4442
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda General Hospital			d. STREET ADDRESS (If rural, give location) 225 North Meremac		
3. NAME OF DECEASED (Type or Print) a. (First) Julia		b. (Middle) C.	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1951	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1-9-1908	9. AGE (In years last birthday) 43	10. MONTHS 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher	10b. KIND OF BUSINESS OR INDUSTRY Education		11. BIRTHPLACE (State or foreign country) Pittsville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Miller		13b. MOTHER'S MAIDEN NAME Minnie Gillespi	14. NAME OF HUSBAND OR WIFE None		
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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Cecil Miller, Salisbury, Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Embolism				INTERVAL BETWEEN ONSET AND DEATH 14 days 3 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? H.			
22. I hereby certify that I attended the deceased from June 1, 1946, to Dec. 9, 1951, that I last saw the deceased alive on Dec. 8, 1951, and that death occurred at 6:30 A.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) West Goring, M.D.			23b. ADDRESS 3624 Russell		23c. DATE SIGNED Dec. 9, 1951
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-9-51	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Holden, Mo.		
DATE REC'D BY LOCAL REG. DEC 10 1951	REGISTRAR'S SIGNATURE E. H. Smith M. A.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.		

(Licensed Embalmer's Statement on Reverse Side)

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

10-48

JUL 10 1956

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....
Robert M. Murray

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, Mo*

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.