

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3113**
0528

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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| 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 _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> 2019 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u> | | e. STREET ADDRESS (If rural, give location) <u>8304 Vulture</u> | |

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|-------------------------------------|------------------------|---------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>JOHN</u> | b. (Middle) <u>Andrew</u> | c. (Last) <u>MILLER</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 17, 1952</u> |
|-------------------------------------|------------------------|---------------------------|-------------------------|--|

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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 22 1879</u> | 9. AGE (In years last birthday) <u>72</u> | 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) <u>ret</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>West Salem, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> |
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| 13a. FATHER'S NAME <u>Andrew</u> | 13b. MOTHER'S MAIDEN NAME <u>Emma</u> | 14. NAME OF HUSBAND OR WIFE <u>Emma</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Emma Miller</u> | ADDRESS <u>8304 Vulture</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, asthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident.</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>321X</u> |
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22. I hereby certify that I attended the deceased from 12-29-51, 19____, to 1-17-52, 19____, that I last saw the deceased alive on 1-17-52, 19____, and that death occurred at 9:00A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Leibel B. Zimmerman</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>1515 Lafayette Avenue</u> | 23c. DATE SIGNED <u>1-17-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>Jan 21-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis - Mo. 14th on 30</u> |
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| DATE REC'D BY LOCAL REG. <u>JAN 18 1952</u> | REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Offman</u> ADDRESS <u>7514 E. Broadway</u> |
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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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.