

FILED FEB 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3496

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2002</u> Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY ST. LOUIS 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) UNIVERSITY CITY		c. LENGTH OF STAY (In this place) years	c. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY		433 1/2
d. FULL NAME OF HOSPITAL OR INSTITUTION 6830 WATERMAN AVE.,			d. STREET ADDRESS (If rural, give location) 6830 WATERMAN BLVD.,		
3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE		b. (Middle) A	c. (Last) MILLEN.	4. DATE OF DEATH (Month) (Day) (Year) JAN. 1, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH February 22, 1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 10 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Albany, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME C.H.S. Goodman		13b. MOTHER'S MAIDEN NAME Aurelia Williams		14. NAME OF HUSBAND OR WIFE Richard Andrew Millen	
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 Dr. P. F. Titterington, 6830 Waterman Bld'g.		
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) Infarction of Myocardium				INTERVAL BETWEEN ONSET AND DEATH Minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arteriosclerosis of Coronary Arteries		Years
	DUE TO (c) Degeneration of Myocardium due to repeated Infarction				12 MO
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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2:30 PM		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1945</u> , to <u>Jan 1</u> , 1952, that I last saw the deceased alive on <u>Dec. 29</u> , 1951, and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE Ray Daniel Williams			(Degree or title) M.D.	23b. ADDRESS 114 W. Taylor St. Louis 8 Mo.	23c. DATE SIGNED Jan 52
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-1-52	24c. NAME OF CEMETERY OR CREMATORY Albany Cemetery		24d. LOCATION (City, town, or county) (State) Albany, Missouri
DATE REC'D BY LOCAL REG. 1/1/52		REGISTRAR'S SIGNATURE Arthur P. Somber, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,	

(Licensed Embalmer's Statement on Reverse Side)

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 *Malvin J. Kemper*

Signed.....
Student Embalmer

Licensed Embalmer No. *408-2*

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.