S. No. 300
v. 10.48

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5529

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 8

0500 5

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

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - MERAMEC
c. LENGTH OF STAY (in this place): 4 YRS. 3 MOS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HILL INFIRMARY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: 2189
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 1
d. STREET ADDRESS (If rural, give location): 4558A CHOUTEAU

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): S.
c. (Last): MILLER

4. DATE OF DEATH (Month) (Day) (Year): 1 29 1952

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUGUST 31, ~~1864~~ 1865
9. AGE (In years last birthday): ~~87~~ 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: ELECTRICAL ENGINEER
11. BIRTHPLACE (State or foreign country): HOMESTEAD, PENN.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: DAVID J. MILLER
13b. MOTHER'S MAIDEN NAME: ADELINE McINTYRE
14. NAME OF HUSBAND OR WIFE: JULIA MUNDY

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: BROTHER ROCH - ST. JOSEPH'S HILL INF. EUREKA 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CHRONIC MYOCARDITIS
DUE TO (c) GENERALIZED ARTERIO-SCLEROSIS
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12, 1947, to 1/28, 1952, that I last saw the deceased alive on 1/28, 1952, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Jr. Marder MD.
23b. ADDRESS: 4323 ROLAND DRIVE NORMANDY MO.
23c. DATE SIGNED: 1/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 1st 1952
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): Morris, Mo.

DATE REC'D BY LOCAL REG.: Feb 2 - 1952
REGISTRAR'S SIGNATURE: Ruth Jirsa 438-1
25. FUNERAL DIRECTOR'S SIGNATURE: Arthur J. Donnelly, 3840 Cendell Mo
ADDRESS: St Louis

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 2-4-52

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 W H VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
~~County of~~ St.Louis

State File No. 5529

Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

City of

On this 31st. day of January, 1952, before me appears Julia M.Donohue, who, upon her oath, states that the original record of ~~XXXX~~ death for John S.Miller died ~~XXXX~~ January 29th., 1952, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. eight should read 1865

Instead of 1866

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Julia M. Donohue
Relationship.

0333 Garibaldi (Daughter)
Present Address.

Subscribed and sworn to before me this 31st day of January, 1952

My Commission Expires November 12, 1954

My Commission expires .....

John E. Corrigan
Notary Public.
St Louis Mo

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
I—4-43
I X36667