

FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6633

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1575**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights 4505	
c. LENGTH OF STAY (in this place) 3 weeks		d. STREET ADDRESS (If rural, give location) 1073 St. Francis Place	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) SELMA	b. (Middle) F	c. (Last) MILLER	4. DATE OF DEATH (Month) (Day) (Year) February 18, 1952
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH February 15, 1902	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary	10b. KIND OF BUSINESS OR INDUSTRY W.I. Christopher Co.	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME George Horn	13b. MOTHER'S MAIDEN NAME Augusta Milberg	14. NAME OF HUSBAND OR WIFE Leland S. Miller
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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)	16. SOCIAL SECURITY NO. 488-03-5260	17. INFORMANT'S SIGNATURE OR NAME Leland S. Miller	ADDRESS 1073 Francis Pl. R.H. Mo.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 weeks.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction due to Antecedent Causes		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) to Antecedent Coronary Thrombosis rise to the above cause (a) stating the underlying cause last. DUE TO (c) Diagnosed at leg due to embolic occlusion peripheral		
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) St. Louis MO
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? ??

22. I hereby certify that I attended the deceased from **Dec 20 1947**, to **Feb. 17, 1952**, that I last saw the deceased alive on **2-17**, 1952, and that death occurred at **3:30** a. m., from the causes and on the date stated above.

23a. SIGNATURE Raymond [Signature]	(Degree or title) MD.	23b. ADDRESS 5203 Chippewa	23c. DATE SIGNED 2-18-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-20-52	24c. NAME OF CEMETERY OR CREMATORY St. Peter's	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL OFF. FEB 19 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H.	ADDRESS 1936 St. Louis Avenue
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr, Raymond T. Martin, MD
5203 Chippewa Street
(All day Monday)

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 Way L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis A.

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.