

XC 2 181 287

REG # 102162

1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23162

State File No.

Registrar's No. 1646

BIRTH NO. ... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ALTON	
c. LENGTH OF STAY (In this place) 30 DAYS		d. STREET ADDRESS (If rural, give location) 2408 BROWN STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			

3. NAME OF DECEASED: a. (First) DANIEL (Type or Print)			b. (Middle) E.			c. (Last) MILLER			4. DATE OF DEATH (Month) (Day) (Year) JUNE 16, 1952			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 5-2-93			9. AGE (In years, last birthday) 59 YRS		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) COOK				10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN				11. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS			12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME CHARLES MILLER		13b. MOTHER'S MAIDEN NAME OLIVE LIVELY		14. NAME OF HUSBAND OR WIFE UNA E. MILLER	
--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 318140053		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MISSOURI	
--	--	--	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SUPPURATIVE BRONCHOPNEUMONIA, BILATERAL					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CYSTIC DISEASE OF LUNG, BILATERAL CONGENITAL DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION NONE		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 7590 YES <input checked="" type="checkbox"/> NO <input 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?	

22. I hereby certify that I attended the deceased from 5-17 1952, to 6-16-1952, that I ~~was~~ ~~present~~ ~~at~~ ~~the~~ ~~death~~ ~~and~~ ~~that~~ ~~death~~ ~~occurred~~ ~~at~~ 3:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS VET ADM HOSP, JEFF BRKS, MO.		23c. DATE SIGNED 6-17-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 19-52		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	
24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MISSOURI					

DATE RECD BY LOCAL REG. 6-18-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U.&.L.Co. 7814 S. Broadway	
--	--	--	--	---	--

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
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.