

FILED AUG 25 1952

STANDARD CERTIFICATE OF DEATH

State File No. 29127

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 1705

1. PLACE OF DEATH
 a. COUNTY **St. Charles** 0923
 b. CITY (If outside corporate limits, write RURAL and give township) **St. Charles**
 c. LENGTH OF STAY (in this place) **2-Days**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Joseph Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **St. Charles**
 c. CITY (If outside corporate limits, write RURAL and give township) **St. Charles** 0723
 d. STREET ADDRESS (If rural, give location) **1017 North Third Street**

3. NAME OF DECEASED (Type or Print)
 a. (First) **Joseph** b. (Middle) **John** c. (Last) **Miller**
 4. DATE OF DEATH (Month) (Day) (Year) **August 18 1952**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**
 8. DATE OF BIRTH **Sept. 27, 1887** 9. AGE (In years last birthday) **64**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Orderly**
 10b. KIND OF BUSINESS OR INDUSTRY **Veterans Hospital**
 11. BIRTHPLACE (State or foreign country) **St. Charles, Mo.**
 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **John Miller** 13b. MOTHER'S MAIDEN NAME **Mary Borgmeyer**
 14. NAME OF HUSBAND OR WIFE **- - - -**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes World War I**
 16. SOCIAL SECURITY NO. **496-22-5085**
 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Adele Seeler** ADDRESS **St. Charles, 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, asthma, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary occlusion - myo.**
 ANTECEDENT CAUSES **Cardiac infarction**
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last...
 DUE TO (b) _____
 DUE TO (c) **Coronary sclerosis**
 II. OTHER SIGNIFICANT CONDITIONS **4201**
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **1 day**
Unknown

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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 **Aug 17, 1952**, to **Aug 18, 1952**, that I last saw the deceased alive on **Aug 18, 1952**, and that death occurred at **5:40p m.**, from the causes and on the date stated above.

23a. SIGNATURE **Eugene J. Canty M.D.** 23b. ADDRESS **St. Charles, Mo.** 23c. DATE SIGNED **8-19-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Aug. 21, 1952** 24c. NAME OF CEMETERY OR CREMATORY **St. Peter Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Charles, Mo.**

DATE REC'D BY LOCAL REG. **8-20-52** REGISTRAR'S SIGNATURE **Hannie Stewart** 25. FUNERAL DIRECTOR'S SIGNATURE **H.C. Dallmeyer & Sons Co.** ADDRESS **St. Charles**

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 17 1952

SEP 3 1952

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 Herbert C. Gallmeyer

Licensed Embalmer No. 4546

P. O. Address St. Charles, 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.