

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29812

State File No.

318

1003

Registrar's No. 7897

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY 206

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 St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hosp.

d. STREET ADDRESS (If rural, give location) 6 1519a Hamilton Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) B. c. (Last) Miller 4. DATE OF DEATH (Month) (Day) (Year) Aug. 18 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 4 1901 9. AGE (In years last birthday) 51 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME Dennis Sullivan 13b. MOTHER'S MAIDEN NAME Bridget Cambell 14. NAME OF HUSBAND OR WIFE Frank Miller

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. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Miller 1519a Hamilton

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 18. CAUSE OF DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver
(undetermined etiology)
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hepatorrhegaly

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 5810

22. I hereby certify that I attended the deceased from 8-12-52 to 8-18-52, that I last saw the deceased alive on 8-18-52, 1952, and that death occurred at 3:10 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James R. McArthur M.D. 23b. ADDRESS 45 Central 23c. DATE SIGNED 8-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8/20/52 24c. NAME OF CEMETERY OR CREMATORY Calvary 24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. AUG 20 1952 REGISTRAR'S SIGNATURE Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan's Euclid at St. Louis.

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
Ev. 10.48

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

Francis Williamson

Licensed Embalmer No.

3565

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.