S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33240

FILED OCT 1 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8613

4

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (In this place) 81 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bernard Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glendale 46 51
d. STREET ADDRESS (If rural, give location) 1147 Kirkham Road

3. NAME OF DECEASED (Type or Print)
a. (First) Theodore
b. (Middle) L.
c. (Last) Miller

4. DATE OF DEATH (Month) Sept. (Day) 12, (Year) 1952.

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Oct. 6, 1870 1

9. AGE (In years last birthday) 81 | 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 Druggest

10b. KIND OF BUSINESS OR INDUSTRY Proctor Gambel Co.

11. BIRTHPLACE (City and State or Foreign Country) Bellefont, Penn. 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jacob D. Miller

13b. MOTHER'S MAIDEN NAME Mary Jane Lonberger,

14. NAME OF HUSBAND OR WIFE Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 497-16-9552

17. INFORMANT'S SIGNATURE OR NAME Mrs. Richard L. Clements, **ADDRESS** 1147 Kirkham Rd.

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) Hemorrhage from a cerebral vessel — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — Several years
DUE TO (c) Generalized arteriosclerosis — Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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? 334X

22. *I hereby certify that I attended the deceased from* June 1, 1952, *to* Sept. 12, 1952, *that I last saw the deceased alive on* Sept 11, 1952, *and that death occurred at* 2 10 m., *from the causes and on the date stated above.*

23a. SIGNATURE James B. Jones 0 (Degree or title) M.D.

23b. ADDRESS 337 W. Lockwood Webster Groves 19 Mo.

23c. DATE SIGNED Sept 13, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0

24b. DATE 9-15-1952

24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery,

24d. LOCATION (City, town, or county) St. Louis, (State) Mo.

DATE REC'D BY LOCAL REG. SEP 15 1952

REGISTRAR'S SIGNATURE J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc. **ADDRESS** 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

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 Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.