

No. 300  
10.48  
OCT 21 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36665  
Registrar's No. 9283

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1502 Cass avenue		d. STREET ADDRESS (If rural, give location) 25 1821 O'Fallon avenue	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) D c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) 10-6-52		
5. SEX 0 male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify)	
8. DATE OF BIRTH 10-14-1882		9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	
10b. KIND OF BUSINESS OR INDUSTRY construction		11. BIRTHPLACE (City and State or Foreign Country) Hickory Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William E. Miller		13b. MOTHER'S MAIDEN NAME Mary Alice Doyle		14. NAME OF HUSBAND OR WIFE Rickey Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rickey Miller, 1721 O'Fallon	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Valvular Heart Disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Seven months</u>  <u>7 mo</u>	
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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)	

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 <u>4201</u>	
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22. I hereby certify that I attended the deceased from the 26, 1948, to Oct 6, 1952; that I last saw the deceased alive on Oct 6, 1952, and that death occurred at 3:20 P.m., from the causes and on the date stated above.

22a. SIGNATURE <u>Robert D. Sanders, M.D.</u> (Degree or title)		22b. ADDRESS <u>1502 Cass Av</u>		22c. DATE SIGNED <u>10/7/52</u>	
23a. BURIAL, CREMATION, REMOVAL <u>removal</u> (Specify)		23b. DATE <u>10-7-52</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ballwin, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>OCT 7 1952</u>		REGISTRAR'S SIGNATURE <u>J. Calhoun Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schrader F.H., Ballwin, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

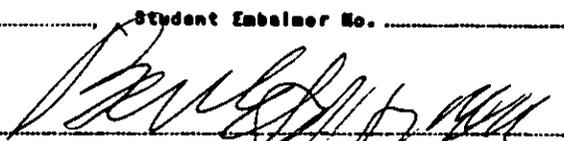
Handwritten note: "no. 300" and "10.48" written vertically.

**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  .....

Licensed Embalmer No. 4366

P. O. Address Wilmington

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.