S. No. 300
v. 10.46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36667

FILED NOV-13 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9766

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4449 Delmar Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis 2199
d. STREET ADDRESS (If rural, give location): 19 4449 Delmar Blvd.

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

4. DATE OF DEATH (Month) 10 (Day) 21 (Year) 52

5. SEX: Female 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 4, 1896
9. AGE (In years last birthday): 56 — If under 1 year: Months 3, Days 7; If under 1 hr.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Tobacco Co.
11. BIRTHPLACE (City and State or Foreign Country): Toarns, Mississippi
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Jim Jones
13b. MOTHER'S MAIDEN NAME: Sarah Armstrong
14. NAME OF HUSBAND OR WIFE: Zeme Miller
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.: 427-07-0914
17. INFORMANT'S SIGNATURE OR NAME: Zeke Miller
ADDRESS: 4449 Delmar Blvd.

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) Hypertensive Heart Disease 6 days

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.

INTERVAL BETWEEN ONSET AND 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? 443X

22. *I hereby certify that I attended the deceased from* 10/15, 1952, *to* 10/21, 1952; *that I last saw the deceased alive on* 10/21, 1952, *and that death occurred at* 7A m., *from the causes and on the date stated above.*

23a. SIGNATURE J. G. Payne (Degree or title) M.D.
23b. ADDRESS 3146 Lucas
23c. DATE SIGNED 10/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Oct. 27, 1952
24c. NAME OF CEMETERY OR CREMATORY: Washington Park Cemet.
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: OCT 23 1952
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: E. B. Koonce
ADDRESS: 1221 N. Grand Blvd

(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 C C Rooms

Licensed Embalmer No. ~~40~~ 4755

P. O. Address 122 Merond

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.