

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37086

State File No.

5. No. 300
V. 10. 48

OCT 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2610</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place) <u>50 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves</u>		<u>4607</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>575 West Lockwood</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>James</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8, 1952</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Jan. 25, 1946</u>	
9. AGE (In years last birthday) <u>6</u>		10. MONTHS <u>8</u>		11. DAYS <u>13</u>		12. IF UNDER 1 YEAR (Hours) (Min.)	
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) <u>Student</u>			11a. KIND OF BUSINESS OR INDUSTRY <u>Peace School</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph T. Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Mildred McDaniels</u>		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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Miller</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull fracture, basilar</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 days</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8134</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>135</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Webster Groves St. Louis Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Oct. 6, 1952 3 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? (If riding 2 wheel bike) <u>struck by auto</u>			
22. I hereby certify that I attended the deceased from <u>10-6-</u> , 1952, to <u>10-8-</u> , 1952, that I last saw the deceased alive on <u>10-8-</u> , 1952, and that death occurred at <u>8:35 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>			23b. ADDRESS <u>101 S. Brentwood Clayton 5, Mo.</u>		23c. DATE SIGNED <u>10-10-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/13/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-10-52</u>		REGISTRAR'S SIGNATURE <u>Herbert H. Domb</u>		GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>			

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

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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

Robert M. Murray

Licensed Embalmer No. *3749*

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.