

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37199

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2733

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) 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>Berkeley</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berkeley</u>	
c. LENGTH OF STAY (in this place) <u>40yrs</u>		d. STREET ADDRESS (If rural, give location) <u>6329 Garfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6329 Garfield</u>		e. STREET ADDRESS <u>6329 Garfield</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Frank</u>	b. (Middle) <u>S.</u>	c. (Last) <u>Miller</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 21 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-19-1877</u>	9. AGE (In years last birthday) <u>75yrs</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired-Gen'l Store</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Merchandise</u>		11. BIRTHPLACE (State or foreign country) <u>Baden, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>John Miller</u>	13b. MOTHER'S MAIDEN NAME <u>Catherine McGrath</u>	14. NAME OF HUSBAND OR WIFE <u>Juliana Miller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>494-03-8151</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Francis J. Miller-Berkeley, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro vascular accident</u>		<u>24hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____		<u>10yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>33IX</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 10-13, 1952 to 10-21, 1952, that I last saw the deceased alive on 10-21, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. W. Weaver, M.D.</u>	23b. ADDRESS <u>40 N. Florissant</u>	23c. DATE SIGNED <u>10-22-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10-24-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Ferdinand Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Florissant Missouri</u>
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DATE REC'D BY LOCAL REG. <u>10-23-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danks-M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Chapel, Ferguson, Missouri.</u>
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P.F. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

FILED OCT 29 1952

Frank Miller

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 *George M. White*

Licensed Embalmer No. *3973*

P. O. Address *Burgess, W.*

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.