

No. 300  
10/48

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10954**  
Registrar's No. **2925**

10020

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

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>541</b>		Registrar's No. <b>2925</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. LENGTH OF STAY (in this place) <b>D.O.A.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2199</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Cty Hosp. DOA</b>				d. STREET ADDRESS (If rural, give location) <b>19 43 99 McPherson</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lydia</b>		b. (Middle) <b>C</b>		c. (Last) <b>Miller</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 11 1952</b>	
6. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Aug 3 1885</b>		9. AGE (In years last birthday) <b>67</b> # UNDER 1 YEAR Months Days # UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Big Spring Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>August Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Augusta Schraer</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Selma Frame 1804a Michigan</b>			
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) <b>Multiple fractures and shock-suffered when the automobile in which she was a passenger got out of control on the Daniel Boone Bridge and crashed head-on into a truck.</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>on</b> 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 <b>E8161</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Bridge</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>26 Rural St. Louis</b> (COUNTY) (STATE) <b>Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>11/11/52 7:15</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>400 Blunt impact</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Arnold J. Willman - Coroner</b>				23b. ADDRESS <b>Clayton, Mo.</b>		23c. DATE SIGNED <b>11/14/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov 14 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. John's</b>		24d. LOCATION (City, town, or county) (State) <b>Berger, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11-14-52</b>		REGISTRAR'S SIGNATURE <b>Hugh R. Donke</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>3125 Lafayette Ave</b>			

(Licensed Embalmer's Statement on Reverse Side)

JUL 27 1958

JUN 10 1954

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 *Joseph Dollmer*

Licensed Embalmer No. *40 14*

P. O. Address *3125 Fajardo*

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.