

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43647**
Registrar's No. **11206**

WED DEC 24 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION 3630 S. Grand Blvd.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249 d. STREET ADDRESS (If rural, give location) 24 2920 Miami St.	
3. NAME OF DECEASED a. (First) Joseph b. (Middle) P. c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) December 3, 1952	
5. SEX Male 0		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 9, 1881	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Auto Trimmer	
11. BIRTHPLACE (City and State or Foreign Country) Highland, ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Michael Miller		13b. MOTHER'S MAIDEN NAME Anna Buehler	
14. NAME OF HUSBAND OR WIFE Margaret Miller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. 488-07-7281		17. INFORMANT'S SIGNATURE OR NAME Margaret Miller 2920 Miami St.	
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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Arteriosclerotic coronary artery disease	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION note signed with coroners permission	
19c. INTERVAL BETWEEN ONSET AND DEATH Sudden Years		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? 4201	
22. I hereby certify that I attended the deceased from 7-15, 1952, to 12-3, 1952, that I last saw the deceased alive on 9-7, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Arthur R. Dinsel M.D. (Degree or title)		23b. ADDRESS 18 S. Kingshighway	
23c. DATE SIGNED 12-5-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 12/6/52		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	
24d. LOCATION (City, town, or county) (State) Sb. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons 2630 Gravois Ave.	
DATE REC'D BY LOCAL REG. DEC 5 1952		REGISTRAR'S SIGNATURE John H. Gebken Sons	

(Licensed Embalmer's Statement on Reverse Side)

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 F. Yelkman

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.