

DEC 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43648**
Registrar's No. **11089**

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

2

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital		d. STREET ADDRESS (If rural, give location) 13 5800 Arsenal Street.	
3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1952	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Deceased	8. DATE OF BIRTH Dec. 11, 1868
9. AGE (In years last birthday) 83		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and State or Foreign Country) Belleville, Illinois.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Meyer		13b. MOTHER'S MAIDEN NAME Theresa Brenner	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Lucille Boekenheide, 4750 Idaho	
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) Empyema ANTECEDENT CAUSES Lobar Pneumonia 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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? 490X		22. I hereby certify that I attended the deceased from 19 P. to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:50 P. m., from the causes and on the date stated above.	
23a. SIGNATURE Patrick E. Taylor, Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 12.2.52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5	
24b. DATE 12-3-1952		24c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Belleville, Illinois.		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.	
25. ADDRESS 2161 E. Fair Ave		DATE REC'D BY LOCAL REG. DEC 2 1952	

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 *Helford B. Beasley*

Licensed Embalmer No. 42020

P. O. Address *Albany, 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.