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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3511

FILED FEB 11 1953

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State File No. ....

Registrar's No. 0570

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3607 Page Blvd		d. STREET ADDRESS (If rural, give location) 3607 Page Blvd.	
3. NAME OF DECEASED (Type or Print) a. (First) PETE b. (Middle) c. (Last) MILLER		4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1953	
5. SEX Mae	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH April 15, 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 59
11. BIRTHPLACE (State or foreign country) Albania		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Mina 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chas Gaines 5412 Jamieson Ave.	

18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Chronic Hypertrophic			
ANTECEDENT CAUSES		DUE TO (b) Myocarditis: decompensated			
DUE TO (c)		Right pleurisy with effusion			
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 near home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4222	

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 7:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick J. Taylor, M.D.		23b. ADDRESS 1300 Clark Ave		23c. DATE SIGNED 1/19/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/19/53		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE CHULICK FUNERAL HOME		ADDRESS 1722 S. Jeff-erson	

DATE REC'D BY LOCAL REG. JAN 19 1953

(Licensed Embalmer's Statement on Reverse Side)

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

Call by call

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed..... *W E Morris* .....

Signed.....  
Student Embalmer

Licensed Embalmer No. *3360* .....

P. O. Address *St Louis, Mo* .....

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

3511

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } ss.

State File No. \_\_\_\_\_

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 570

On this \_\_\_\_\_ day of \_\_\_\_\_, 194\_\_\_\_, before me appears \_\_\_\_\_

for Pete Miller, who, upon \_\_\_\_\_ oath, states that the original record of <sup>birth</sup> death  
died 1-16-, 1953 the State of  
born \_\_\_\_\_

Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. 8 should read no April 15-1893

Instead of \_\_\_\_\_

Item No. 9 should read age 59

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Pete Chulick <sup>Farewal</sup> Director ~~Director~~  
Relationship.

1722 S. Jefferson  
Present Address.

Subscribed and sworn to before me this 6 day of Feb, 19453

My Commission expires 3-4-53 Allen C. Jaddoe Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

