

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12023**  
Registrar's No. **3303**

FILED APR 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Lane Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1025 Switzer Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elijah D.</b> b. (Middle) <b>Miller</b> c. (Last)			4. DATE OF DEATH <b>March 25th, 1953</b> (Month) (Day) (Year)
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Oct. 16th, 1882</b>
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Moselle, Mo</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>James Miller</b>	
13b. MOTHER'S MAIDEN NAME <b>Louisa Sargent</b>		14. NAME OF HUSBAND OR WIFE <b>Mamie Miller</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>489-01-9813</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mamie Miller</b>		ADDRESS <b>1025 Switzer</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomas left kidney, spleen, &amp; liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6. 1/2 - 7</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>and L. liver</b>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		<b>Exploratory operation (negative)</b>	
19a. DATE OF OPERATION <b>3/25/53</b>	19b. MAJOR FINDINGS OF OPERATION <b>Inspected. (Incision closed.)</b>		20. AUTOPSY? YES <input 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? <b>180X</b>	
22. I hereby certify that I attended the deceased from <b>2-1</b> , 1953, to <b>3-25</b> , 1953, that I last saw the deceased alive on <b>3-25</b> , 1953, and that death occurred at <b>6:47</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W. A. Knight</b>		23b. ADDRESS <b>8201 N. Broadway, St. Louis, Mo.</b>	23c. DATE SIGNED <b>3/25/53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3/28/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Friedens Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
DATE REC'D BY LOCAL REG. <b>MAR 27 1953</b>	REGISTRAR'S SIGNATURE <b>J. Charles Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Diedrich F. Home</b> ADDRESS <b>8319 Hallsferry</b>	

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

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 \_\_\_\_\_

*Fred J. Farmer*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

*1988*  
*St. Louis, 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.