

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12025

State File No. ....

2756

FILED MAR 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Collinsville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>408 Sycamore avenue</u> <u>8130</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>			b. (Middle) <u>C<sup>o</sup> layton</u>		c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-10-53</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>6-29-1879</u>		9. AGE (in years last birthday) <u>73</u> IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired telegrapher</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Allensville, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>William Miller</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Peters</u>			14. NAME OF HUSBAND OR WIFE <u>Vena Miller</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Vena Miller, Collinsville, Ill.</u>						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>				<u>1 week</u>			
				ANTECEDENT CAUSES				DUE TO (b) <u>arteriosclerosis, cerebral and general</u>		<u>year</u>	
				DUE TO (c) <u>coronary artery sclerosis</u>				DUE TO (d) <u>Benzoin pneumonia, terminal arteriosclerosis in head vessels</u>		<u>year</u>	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				<u>2 days</u>			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>334X</u>							
22. I hereby certify that I attended the deceased from <u>3-3</u> , 19 <u>53</u> , to <u>3-10</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>3-10</u> , 19 <u>53</u> , and that death occurred at <u>6:12</u> p.m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Joseph Edwards MD</u>				23b. ADDRESS <u>3720 Washington Blvd.</u>		23c. DATE SIGNED <u>3/12/53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>3-11-53</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Collinsville, Ill.</u>					
DATE REC'D BY LOCAL REG. <u>MAR 18 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Schroepfel F.H., Collinsville, Ill</u>							

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.....  
Signature of Student Embalmer

Signed *No Embalmer*

Licensed Embalmer No. *1020*

P. O. Address *7104 Maucle St Paris*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

*Terry Good*