

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12028**  
Registrar's No. **2273**

FILED **MAR 18 1953**  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

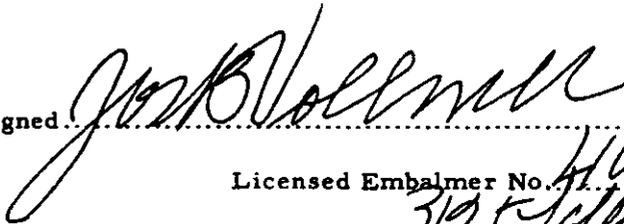
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>6 hrs.</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Marian Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>22 2837 Park Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ray</b> b. (Middle) <b>Earl</b> c. (Last) <b>Miller</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>2-27-1953</b>	
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>10/12/1909</b>
9. AGE (In years last birthday) <b>43</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Elec. Welder</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Fletcher, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Elec. Welder</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Maloney Elec. Co.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Henry Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Susie Bruin</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Williams 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>497-03-5858</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Emma Miller 2837 Park Ave.</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pleurisy, severe Adhesions; Terminal Pneumonia, Bronchitis</b> ANTECEDENT CAUSES <b>Terminal Pneumonia, Bronchitis following injuries suffered in collision between car operated by Hubert Bradshaw and truck of Jess Express on Highway #66 near Sullivan Mo. about 12:30 am March 8 1952.</b> II. OTHER SIGNIFICANT CONDITIONS contributing to the death but not related to the disease or condition causing death	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>12:30 am March 8 1952</b>	19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, store, street, office, bldg., etc.) <b>Highway</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>near Sullivan Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Mar 8 5:12 am</b>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>5190</b>	
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 <b>7:00 am</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Patrick E Taylor Coroner</b>		23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>2-27-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2/28/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wood Lawn Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>DeSoto, Mo.</b>
DATE REC'D BY LOCAL REG. <b>FEB 27 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. J. Schnur 3125 Lafayette Ave.</b>	

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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.....  
Signature of Student Embalmer

Signed  .....

Licensed Embalmer No. *41014*

P. O. Address *3125 Jefferson*

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.