

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12029**
Registrar's No. **3043**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 12029		Registrar's No. 3043			
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. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION 8327 Church Rd.,				e. STREET ADDRESS (If rural, give location) 8327 Church Rd., 2089							
3. NAME OF DECEASED (Type or Print) Raymond R. Miller			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Mar 17th, 1953		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 2nd, 1892		9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machinist Helper			10b. KIND OF BUSINESS OR INDUSTRY City Water Dept		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME Otto Miller			13b. MOTHER'S MAIDEN NAME Emma Brown			14. NAME OF HUSBAND OR WIFE Edith Miller					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-09-7495		17. INFORMANT'S SIGNATURE OR NAME Edith Miller						ADDRESS 8327 Church Rd.,	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiogenic Carcinoma left lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH 1 yr +			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. neoplastic infiltration of Aorta neoplastic constriction of Esophagus							9 mo 2 mo.			
19a. DATE OF OPERATION 17 Jan 53		19b. MAJOR FINDINGS OF OPERATION Bronchiogenic Carcinoma left lung infiltrating Aorta								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X							
22. I hereby certify that I attended the deceased from Nov 22, 1952 , to March 17, 1953 , that I last saw the deceased alive on March 16, 1953 , and that death occurred at 11:00 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) J. Ernest Jensen M.D.				23b. ADDRESS 634 N. Grand Blvd.			23c. DATE SIGNED 18 Mar 53				
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/21/53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. MAR 20 1953		REGISTRAR'S SIGNATURE Charles Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Diedrich R. Home		ADDRESS B319 Halls Ferry				

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 *John J. Harris*.....
Licensed Embalmer No. *4108*.....
P. O. Address *Harris*.....

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.