

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16009

FILED MAY 14 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4354

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>ST. LOUIS</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2169</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pacific Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>4132 Miami</u>	

3. NAME OF DECEASED a. (First) <u>GEORGE</u>		b. (Middle)		c. (Last) <u>MILLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 27 53</u>	
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT. 15. 1869</u>	9. AGE (In years last birthday) <u>83</u>	# UNDER 1 YEAR Months <u>6</u> Days <u>12</u>	# UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of work life, or if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>PENNSYLVANIA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
<u>Retired RR. Worker</u>	<u>R.R. Worker</u>		

13a. FATHER'S NAME <u>ED. MILLER</u>	13b. MOTHER'S MARDEN NAME <u>NOT KNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (known)) <u>NO</u>	16. SOCIAL SECURITY NO. (If year of issue or date of service) <u>NO</u> <u>701-09-0238</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Ed. Miller 4132 Miami</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerotic general</u>		
	DUE TO (c)		
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 type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) (SUICIDE) (HOMICIDE)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4:50</u>
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22. I hereby certify that I attended the deceased from APRIL 21, 1953, to APRIL 27, 1953, that I last saw the deceased alive on APRIL 27, 1953, and that death occurred at 8:45 A.M., from the cause, and on the date stated above.

23a. SIGNATURE <u>Hubert Paul</u> (Degree or title)	23b. ADDRESS <u>4132 Miami</u>	23c. DATE SIGNED <u>7-27-53</u>
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BURIAL OR CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-29-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>APR 28 1953</u>	REGISTRAR'S SIGNATURE <u>J. C. Smith mo</u>	GENERAL DIRECTOR'S SIGNATURE <u>Ang. Bernhardt</u> ADDRESS <u>3819 S. Grand</u>
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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 *Geo. J. Thompson* _____

Licensed Embalmer No. *460* _____

P. O. Address *M. Louis, Wis* _____

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.