

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19701

State File No.

4492

32656
FILED MAY 18 1953

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION

De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

St. Louis

d. STREET ADDRESS (If rural, give location)

2149 5871A LORAN AVE.

3. NAME OF DECEASED (Type or Print)

a. (First)

b. (Middle)

c. (Last)

Joyce

4. DATE OF DEATH (Month) (Day) (Year)

5 - 1 - 53

5. SEX

female

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

0

8. DATE OF BIRTH

5-1-53

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

1 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Mo.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

Stanley L. Miller

13b. MOTHER'S MAIDEN NAME

Lorraine

14. NAME OF HUSBAND OR WIFE

HARBUR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Stanley Miller 5871a Loran Ave.

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)

Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

776X

22. I hereby certify that I attended the deceased from 4/1, 1953, to 5/1, 1953, that I last saw the deceased alive on 5/1, 1953, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

Charles W. Harrison M.A.

4020 N. Florissant

5/1/53

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial

5/2/53

Calvary

St. Louis

Mo.

DATE REC'D BY LOCAL REG.

MAY 2 1953

REGISTRAR'S SIGNATURE

J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

Drehmann-Harral, 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 4237

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Not embalmed