

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26703

State File No. ....

FILED JUL 31 1953

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003

Registrar's No. 6451

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. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 72 yrs		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 Christian Hospital		e. STREET ADDRESS (If rural, give location) 9 4309 a Gano Ave. 2099	
3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) June 27, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14, 1881
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Missouri
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joseph Bonk		13b. MOTHER'S MAIDEN NAME Ink. Armbruster	
14. NAME OF HUSBAND OR WIFE Charles E. Miller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Charles E. Miller	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage left</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 dy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</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 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) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X	
22. I hereby certify that I attended the deceased from 6-13, 1953, to 6-27, 1953, that I last saw the deceased alive on 6-22, 1953, and that death occurred at 3:40 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS 4110 W. Flannery St.	23c. DATE SIGNED 6-29-53
24a. BURIAL, CREMATION, REMOVAL (Specify) remove	24b. DATE June 30, 1953	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
DATE REC'D BY LOCAL REG. JUN 29 1953		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> Suedmeyer & Sons Undt. Co. 3934 N. 20th St.	

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

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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 *Gustav W. Scitule*.....

Licensed Embalmer No. *4329*

P. O. Address *St. Louis, Mo.*

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.