

30248

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 7589

FILED AUG 31 1953

BIRTH NO. .... REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2167</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>9 Hours</u>		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Louise</u>		b. (Middle) <u>F.</u>	
		c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 3, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>November 16, 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Louisville, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Frederick J.C. Fernow</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Laue</u>		14. NAME OF HUSBAND OR WIFE <u>Ira Miller</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Charles E. Walter, 4908 Wishusen, 19</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bubbar Palsy</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. <u>Myocardial damage -</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs - 2 mos - 7 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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	
22. I hereby certify that I attended the deceased from <u>July 12, 1951</u> , to <u>July 2, 1953</u> , that I last saw the deceased alive on <u>July 2, 1953</u> , and that death occurred at <u>12:30 a. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Francis R. Pitclue M.D.</u>		23b. ADDRESS <u>5233 Maternan St.</u>		23c. DATE SIGNED <u>Aug. 3-1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>August 4, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Louisville, Kentucky</u>	
DATE REC'D BY, LOCAL <u>AUG 4-1953</u>		REGISTRAR'S SIGNATURE <u>J. C. Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister Colonial Mortuary,</u>	

(Licensed Embalmer's Station) on Revised Form, St. Louis, Mo.

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

Dr. Frances Rithie,  
5233 Waterman,  
Fo 5071  
Between 3 & 6.

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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 *Hans J. Lepenacker*  
Licensed Embalmer No. *2679*  
P. O. Address *7814 S. Broad*

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.