

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **33733**
Registrar's No. **8451**

FILED SEP 24 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>St. Louis, Mo.</u>		a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis, Mo.</u>	c. LENGTH OF STAY (In this place) <u>6 yrs. 1 Mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>5351 Delmar Blvd.</u>	
3. NAME OF DECEASED			4. DATE OF DEATH
a. (First) <u>Susie</u>	b. (Middle) <u>Wesley</u>	c. (Last) <u>Miller</u>	(Month) (Day) (Year) <u>8 30 1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 5 1862</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Art Needlework Instructor, Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Carlyle, Illinois</u>
13a. FATHER'S NAME <u>Wesley Potter Major</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Liza Robinson</u>	14. NAME OF HUSBAND OR WIFE <u>Henry Wm. Miller, deceased</u>
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. <u>498-07-7030</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Masonic Home of Missouri, 5351 Delmar</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.			19. INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Artero Sclerotic Heart Disease</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) <u>4200</u>	
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?
22. I hereby certify that I attended the deceased from <u>7/26/47</u>, 19<u>47</u>, to <u>8/30</u>, 19<u>53</u>, that I last saw the deceased alive on <u>8/30</u>, 19<u>53</u>, and that death occurred at <u>6:10 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Design or title) <u>Carl Smith M.D.</u>		23b. ADDRESS <u>508 N. Grand Ave.</u>	23c. DATE SIGNED <u>8/30/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>SEP 'T 2nd/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HIRAM CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SAINT LOUIS COUNTY, MO.</u>
DATE REC'D BY LOCAL REG. <u>AUG 31 1953</u>	REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>C. R. LIPTON & SONS 7233 DELMAR BLV'D.</u>

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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