

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

37433
8858

State File No.

No. 300
10-48

FILED OCT 27 1953

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS, MISSOURI)		c. LENGTH OF STAY (In this place) 2 Weeks		c. CITY OR TOWN Normandy	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		e. STREET ADDRESS (If rural, give location) 7330 Winchester Drive			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) William	b. (Middle) J.	c. (Last) Miller	(Month) 9	(Day) 11	(Year) 53

5. SEX M. C	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 30, 1888	9. AGE (In years last birthday) 64	10. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	11. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dist Sales Mgr.		10b. KIND OF BUSINESS OR INDUSTRY Paebody Cola Co				

13a. FATHER'S NAME George A. Miller	13b. MOTHER'S MAIDEN NAME Margaret Monks	14. NAME OF HUSBAND OR WIFE Tessie C. Miller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. William J. Miller	ADDRESS 7330 Winchester
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leakage of duodenal stump with peritonitis		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5410
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22. I hereby certify that I attended the deceased from 8 - 26, 1953, to 9 - 11, 1953, that I last saw the deceased alive on 9 - 11, 1953, and that death occurred at 2:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE J. H. Bradley	(Degree or title) M. D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 9/11/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-14-53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. SEP 12 1953	REGISTRAR'S SIGNATURE J. Earl Smith md	25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 3840 Wendell
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(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.....
Signature of Student Embalmer

Signed *Francis Williamson*

Licensed Embalmer No. *356*

P. O. Address *St. Louis*

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.