

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40879**
Registrar's No. **10222**

FILED NOV 25 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)	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN ST. LOUIS)		a. STATE MISSOURI	b. COUNTY ST. LOUIS
c. LENGTH OF STAY (in this place) 20 DAYS		c. CITY OR TOWN MAPLEWOOD	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 ST. ANTHONYS-HOSPITAL			
e. STREET ADDRESS 3423 OXFORD AVE		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) ARNOLD	a. (First)	b. (Middle) G	c. (Last) MILLER	4. DATE OF DEATH (Month) 10 (Day) 26 (Year) 53
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-2-1884	9. AGE (in years last birthday) 69 IF UNDER 1 YEAR Months 9 Days 27 IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PLUMBER	10b. KIND OF BUSINESS OR INDUSTRY SELF-EMPLOYED	11. BIRTHPLACE (City and State or Foreign Country) MUNICH-GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME GUSTOVE MILLER	13b. MOTHER'S MAIDEN NAME IDA-BRAUN	14. NAME OF HUSBAND OR WIFE EMMA-MILLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE	16. SOCIAL SECURITY 489-01-4881	17. INFORMANT'S SIGNATURE OR NAME EMMA-MILLER ADDRESS 3423 OXFORD

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 10-6-53
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
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 None	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201

22. I hereby certify that I attended the deceased from **10-6-1953**, to **10-26-1953**, that I last saw the deceased alive on **10-26-1953**, and that death occurred at **8:04 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE R.V. Pawnee (Degree or title) M.D.	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 10-26-53
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24a. BURIAL, CREMATION, REMOVAL REMOVAL	24b. DATE 10-29-53	24c. NAME OF CEMETERY OR CREMATORY OUR-REDEEMER-CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO
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DATE REC'D BY LOCAL REG. OCT 27 1953	REGISTRAR'S SIGNATURE J. C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH ADDRESS 7456 MANCHESTER.
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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..... *A. L. Burgess*
Licensed Embalmer No. *402*
P. O. Address..... *Maple*

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.