

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **40885**  
 Registrar's No. **11425**

FILED DEC 10 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 <b>Missouri</b> b. COUNTY <b>2119</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		e. STREET ADDRESS (If rural, give location) <b>4258 W. Cote Brillante</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mary</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Miller</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>11 29 53</b>
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5. SEX <b>Female</b> <sup>3</sup>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b> <sup>2</sup>	8. DATE OF BIRTH <b>12/14/1870</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>15</b>	IF UNDER 4 HRS. Hours <b></b> Mins. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>same</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Versailles, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Jacob Hunter</b>	13b. MOTHER'S MAIDEN NAME <b>Eliza (Unknown)</b>	14. NAME OF HUSBAND OR WIFE <b>John Miller</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>---</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Wellington J. Miller</b>	ADDRESS <b>4165 Fairfax</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Undt.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchial Pneumonia</b>		
	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. <b>Pancreas-Cyst Kidney-Cyst Uterus-Leiomyoma Cervix-Stenosis</b>			

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) <b>491X H</b>
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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?
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22. I hereby certify that I attended the deceased from 11/16, 19 53, to 11/29, 19 53, that I last saw the deceased alive on 11/29, 19 53, and that death occurred at 11/45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Earl Bell Smith, M.D.</b>	23b. ADDRESS <b>2601 N. Whittier</b>	23c. DATE SIGNED <b>12/2/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12/5/53</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Versailles, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>DEC 2 1953</b>	REGISTRAR'S SIGNATURE <b>Earl Bell Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>	ADDRESS <b>4107 Pinney Ave.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

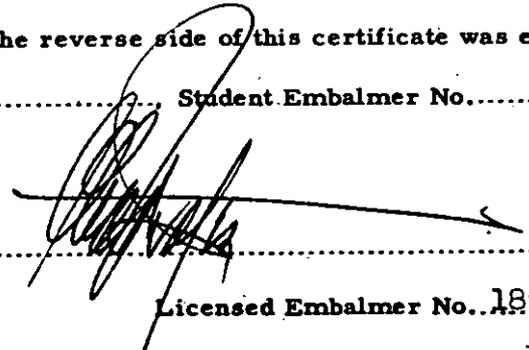
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**STATEMENT BY LICENSED EMBALMER**

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.....  


Licensed Embalmer No. 1825.....

P. O. Address 4107, ...Finney

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.