

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3086****0486**

FILED FEB 2 1954

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 2 M. 1 D.		c. CITY OR TOWN St. Louis		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. LOUIS CHRONIC HOSPITAL				e. STREET ADDRESS (If rural, give location) 4244 St. Louis			
3. NAME OF DECEASED (Type or Print) a. (First) HIRAM		b. (Middle) B.		c. (Last) MILLER		4. DATE OF DEATH (Month) (Day) (Year) Jan. 16 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 22, 1864	
9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 1 Min. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cashier			10b. KIND OF BUSINESS OR INDUSTRY Resturant			11. BIRTHPLACE (City and State or Foreign Country) / Jesup, Iowa	
12. CITIZEN OF WHAT COUNTRY? U. S.				13a. FATHER'S NAME Emery Miller			
13b. MOTHER'S MAIDEN NAME Rose ?				14. NAME OF HUSBAND OR WIFE Mrs. Pauline Miller			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Anna Miller 4244 St. Louis			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis with				ANTECEDENT CAUSES Perivascular elements			
DUE TO (b) and Gangrene left foot.				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>							
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)			
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? 4501			
22. I hereby certify that I attended the deceased from Nov. 5, 1953 , to Jan. 16, 1954 , that I last saw the deceased alive on Jan. 16, 1954 , and that death occurred at 8:55 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Palmer Duane Bowditch M.D.				23b. ADDRESS 5600 Arsenal St.		23c. DATE SIGNED 1/16/54	
24a. BURIAL, CREMATION, OR OTHER (Specify)		24b. DATE 1-18-1954		24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 18 1954		25. FUNERAL DIRECTOR'S SIGNATURE Charles Smith		ADDRESS 5930 Southwest			

(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 *J. Allen Davis*.....

Licensed Embalmer No. *40*.....
P. O. Address *St. L.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.