

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

State File No. **3087**
Registrar's No. **0994**

BIRTH FILED **FEB 10 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		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) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Webster Groves 63114 d. Is Residence within limits of a city or incorporated town? No <input type="checkbox"/> Yes <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp		e. STREET ADDRESS (If rural, give location) 2926 Greentop Court	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) M.	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) Jan 31 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 12-12-1882
9. AGE (to years last birthday) 71	10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Barber	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) Frederick Md
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Not Known	
13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE Corva	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 488-01-4331A	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret Mueller 2926 Greentop	
--	---	--	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis cerebral artery		INTERVAL BETWEEN ONSET AND DEATH Four hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombosis cerebral art. (old)		2 yrs
	DUE TO (c) Coronary artery H.D.		years -
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"/>
------------------------	----------------------------------	--

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 **1912**, to **Jan 31, 1954** that I last saw the deceased alive on **Jan 30, 1954**, and that death occurred at **7:52 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Karelyn Selz (Degree or title) MD	23b. ADDRESS 4500 Olive	23c. DATE SIGNED 1/31/54
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE 2-3-54	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory St Louis Co Mo	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. FEB 1 1954	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Almond L. Hls	ADDRESS 2707 N Grand

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 *Ronald Yehulke*.....

Licensed Embalmer No. *39*.....

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.**