

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7358**

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **311**

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 CITY OR TOWN MARYLAND HEIGHTS) St. Louis, County		c. CITY OR TOWN MARYLAND HEIGHTS St. Louis, County	
d. FULL NAME OF HOSPITAL OR INSTITUTION Miller Lane.		e. STREET ADDRESS (If rural, give location) Miller Lane.	
3. NAME OF DECEASED (Type or Print) a. (First) Aggie		b. (Middle) Miller	
c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1954.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 29, 1875.
9. AGE (In years last birthday) 78.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Desoto, Illinois, /
12. CITIZENRY OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown Stacy.	
13b. MOTHER'S MAIDEN NAME Unknown Mother		14. NAME OF HUSBAND OR WIFE Chalmer Miller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 0. Nil.		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT'S SIGNATURE OR NAME Chalmer Miller, Miller Lane, County.		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial Chronic 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 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) 260X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from 7-2-1952 to 2-2-1954 , that I last saw the deceased alive on Jan 29, 1954 , and that death occurred at Illinoi, Ill. , from the causes and on the date stated above.	
23a. SIGNATURE 241-54 (Degree or title)		23b. ADDRESS 4903 Delmar	
23c. DATE SIGNED 2-2-54		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 2-2-54		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) Lakeway, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington.	
DATE REC'D BY LOCAL REG. 2-3-54		REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	

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 *Elton R. Remelius*

Licensed Embalmer No. *428*

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.