

STANDARD CERTIFICATE OF DEATH

7359

State File No.

10-48

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 314

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		c. LENGTH OF STAY (In this place) 3 yrs.	c. CITY OR TOWN Lemay		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 9971 Brook Ave.			e. STREET ADDRESS (If rural, give location) 9971 Brook Ave.		
3. NAME OF DECEASED (Type or Print) a. (First) Harvey		b. (Middle) J.	c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) Feb. 3 1954
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH May 1 1889	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Man		10b. KIND OF BUSINESS OR INDUSTRY Laundry	11. BIRTHPLACE (City and State or Foreign Country) Chicago Ill. /		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Geo. Miller		13b. MOTHER'S MAIDEN NAME Maria Guenther		14. NAME OF HUSBAND OR WIFE DIVORCED	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 490-12-3194	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edw. Miller 9971 Brook Ave.		
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) <u>LEASTIC CARCINOMA OF METASTASIS ALSO ESOPHAGUS</u> 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.				INTERVAL BETWEEN ONSET AND DEATH 90 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Min.)	
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 <u>Feb 3</u> , 1954, to <u>Feb 3</u> , 1954, that I last saw the deceased alive on <u>Feb. 3</u> , 1954, and that death occurred at <u>5:2</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>John C. Crawford</i>		(Degree or title) D.O.	23b. ADDRESS 29603 South Broadway		23c. DATE SIGNED Feb 3 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-5-1954	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barr. Mo		
DATE REC'D BY LOCAL REG. 2-4-54	REGISTRAR'S SIGNATURE <i>Herbert R. Donke M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. P. Fendler Jr. 7128 Michigan		

SW (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 *Clarence Rochow*.....

Licensed Embalmer No. *309*

P. O. Address *7128 Michigan*

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.