No. 300
10.48

13484-54

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10601

BIRTH NO. FILED MAR 23 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 617

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN: Kirkwood 4793
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 237 Spears

3. NAME OF DECEASED (Type or Print)
a. (First): Paul
b. (Middle):
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): Feb 6, 1954

5. SEX: male 2
6. COLOR OR RACE: col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 2-1-54
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days 5; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Clayton, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Tagaro Miller
13b. MOTHER'S MAIDEN NAME: Dorine Rockwell
14. NAME OF HUSBAND OR WIFE: none

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.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Dorine Miller - 237 Spears-Kirkwood

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 3½ hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforation of stomach. — 1½ days.
DUE TO (c) Congenital constricting band across ileum — 5 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
7573

19a. DATE OF OPERATION: 2/4/54
19b. MAJOR FINDINGS OF OPERATION: 1) Fibrinous peritonitis 2) Perforation of stomach 3) Congenital constricting band across ileum
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-1-, 1954, *to* 2-6, 1954, *that I last saw the deceased alive on* 2-6, 1954, *and that death occurred at* 1:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A T Namm M.D.
23b. ADDRESS: 601 S. Brentwood, Clayton 5, Mo
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): cremation
24b. DATE: 3/10/54
24c. NAME OF CEMETERY OR CREMATORY: 5800 Arsenal St.
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: 3/10/54
REGISTRAR'S SIGNATURE: Herbert K. Domke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: St. Louis Co. Hospital - 651 Brent

(Licensed Embalmer's Statement on Reverse Side)

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

Not embalmed

Dorothy D Hagelson
Asst Supt.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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