

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **542** Registrar's No. **1127**

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Ferguson | | c. CITY OR TOWN St. Louis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) 3mo | | e. STREET ADDRESS (If rural, give location) 2834a N. 21st Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 528 Hentschel Place | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Claude | b. (Middle) T | c. (Last) Miller | 4. DATE OF DEATH (Month) (Day) (Year) 5 - 13 - 1954 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 12-30-1884 | 9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | 10b. KIND OF BUSINESS OR INDUSTRY Building | 11. BIRTHPLACE (City and State or Foreign Country) Shelbyville, Illinois | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John Miller | 13b. MOTHER'S MAIDEN NAME Mary Reed | 14. NAME OF HUSBAND OR WIFE Rose Miller |
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| 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. 486-20-9273 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Miller | ADDRESS 2834a N. 21st St. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 8 mos. Yrs |
| | I. "DISEASE OR CONDITION DIRECTLY LEADING TO DEATH" (a) Pleurisy & effusion left cause undetermined | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Degenerative cardio-vascular disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION Bronchoscopic exam - normal | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide | 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? _____ |

22. I hereby certify that I attended the deceased from **1/8 1954** to **5/17 1954**, that I last saw the deceased alive on **5/10 1954**, and that death occurred at **10:45 AM** from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Joseph S. Ziegler M.D. | 23b. ADDRESS 2127 Harrison | 23c. DATE SIGNED 5/17/54 |
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|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5/17/54 | 24c. NAME OF CEMETERY OR CREMATORY New Bethlehem Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. |
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| DATE REC'D BY LOCAL REG. 5/15/54 | REGISTRAR'S SIGNATURE Hebeed R. Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE Drehmann-Harral | ADDRESS 1905 Union Blvd. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

Dr. Jos. D. Judy 9 - 12
Fri & Sat.

212 S. Florissant Rd.

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..... *Albert R. Thompson*

Licensed Embalmer No. *9423*

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.