S. No. 300
v. 10.48

FILED JUL 1 - 1954

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

State File No. 21617

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 1311

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Webster Groves
c. LENGTH OF STAY (In this place): 61 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 653 Tuxedo

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 653 Tuxedo

**3. NAME OF DECEASED** (Type or Print)
a. (First): F
b. (Middle): BENTON
c. (Last): MILLER

**4. DATE OF DEATH** (Month) (Day) (Year): 6-3-1954

**5. SEX**: M
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 4-6-1868
**9. AGE** (In years last birthday): 86
If under 1 year: Months ____ Days ____
If under 24 hrs.: Hours ____ Min. ____

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Underwriter
**10b. KIND OF BUSINESS OR INDUSTRY**: Insurance
**11. BIRTHPLACE** (City and State or Foreign Country): Ewing Indiana
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Ely W. Miller
**13b. MOTHER'S MAIDEN NAME**: Ellen Cummings
**14. NAME OF HUSBAND OR WIFE**: Albertine H Miller

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------
**16. SOCIAL SECURITY NO.**: NONE
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Mrs. F B Miller 653 Tuxedo

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Liver — INTERVAL BETWEEN ONSET AND DEATH: 5 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cancer Colon — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Cerebral Thrombosis — 6 years
Diabetes Mellitus — 1 year

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 153X
**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* July, 1952, *to* 6/3, 1954 *that I last saw the deceased alive on* 6/3, 1954, *and that death occurred at* 4P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Earl Brand M.D.
**23b. ADDRESS**: Webster Groves, Mo
**23c. DATE SIGNED**: 6/4/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 6-5-1954
**24c. NAME OF CEMETERY OR CREMATORY**: Oak Hill Cemetery
**24d. LOCATION** (City, town, or county) (State): Kirkwood Mo.

**DATE REC'D BY LOCAL REG.**: 6-5-54
**REGISTRAR'S SIGNATURE**: Herbert R. Domke M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Parker-Aldrich & Home Webster Groves Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 24 1954

MAY 17 1955

JUL 7 1955

## STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 4393

P. O. Address Webster Gro

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