

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35722

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9161**

1. PLACE OF DEATH a. COUNTY		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 TOWN ST. Louis		c. LENGTH OF STAY (in this place) 1 Yrs		c. CITY OR TOWN ST. Louis d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2624, North Garrison Avenue		e. STREET ADDRESS (If rural, give location) 20 2624 North Garrison Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Joe b. (Middle) Lee c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) 10 - 5 - 54		
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3 - 24 - 1884	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 6 Days 11 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steward River Boat		10b. KIND OF BUSINESS OR INDUSTRY Steam Boat		11. BIRTHPLACE (City and State or Foreign Country) Hellner Arkansas	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Cap Miller		13b. MOTHER'S MAIDEN NAME Scheletten Ellis	
14. NAME OF HUSBAND OR WIFE Ledia Miller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 425-20-7916	
17. INFORMANT'S SIGNATURE OR NAME Ledia Miller		ADDRESS 2624, North Garrison 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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure 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	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 434	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:35 P.** m., from the causes and on the date stated above.

23a. SIGNATURE James M. Kelly Deputy Registrar		23b. ADDRESS 1300 Blank		23c. DATE SIGNED 10/7/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/11/54		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery	
24d. LOCATION (City, town, or county) (State) ST. Louis MO Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Esther S. White ADDRESS 2616, No. Garrison Ave.			
DATE REC'D BY LOCAL REG. OCT 9 1954		REGISTRAR'S SIGNATURE J. Earl Smith, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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..... *Leroy W. Gannister*

Licensed Embalmer No. *452*

P. O. Address..... *3880 Eac*

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.