

STANDARD CERTIFICATE OF DEATH

35723

FILED OCT 26 1954

State File No. 8833
Registrar's No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>5 5727 Waterman</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u> b. (Middle) c. (Last) <u>Miller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 15, 1887</u>
9. AGE (In years last birthday) <u>67</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Livery</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Damascus Turkey</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Livery</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Chauffeur</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Ollie Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Zinna unk</u>	14. NAME OF HUSBAND OR WIFE <u>Eva Miller</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eva Miller 5727 Waterman</u>
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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 <u>2 1/2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis.</u>		<u>1949 +</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis.</u> DUE TO (c) <u>Hypertensive cardiovascular</u>		<u>1949 +</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic hypertrophy.</u>			

19a. DATE OF OPERATION <u>1954</u>	19b. MAJOR FINDINGS OF OPERATION <u>Benign hypertrophy</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	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? <u>443X</u>

22. I hereby certify that I attended the deceased from 7-14-49, to 9-26-54, that I last saw the deceased alive on 9-26-54, 1954, and that death occurred at 7:40 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Charles Clark</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>864 Hamilton Blvd St. Louis 12 Mo</u>	23c. DATE SIGNED <u>9-28-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept 29 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>

DATE REC'D BY LOCAL REG. <u>SEP 28 1954</u>	REGISTRAR'S SIGNATURE <u>J. Charles Clark M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. Miceli 1150 No. Kingshighway</u>
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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
Student Embalmer

Signed

John J. Haines
Licensed Embalmer No. *4405*
P. O. Address *St. Louis, Mo.*

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 this body is not embalmed, fact should be so stated above.

