

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39031

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9788**

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 township) ST. LOUIS		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL					
e. STREET ADDRESS (If rural, give location) 24 3306 Wisconsin				2247	

3. NAME OF DECEASED (Type or Print)		a. (First) ROBERT		b. (Middle)		c. (Last) MILLER		4. DATE OF DEATH (Month) (Day) (Year) OCTOBER 25, 1954		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 29 Aug 1909		9. AGE (In years last birthday) 45		10. MONTHS 45		11. DAYS		12. HOURS		13. MIN.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY BREWERY		11. BIRTHPLACE (City and State or Foreign Country) Reed House, Ill				12. CITIZEN OF WHAT COUNTRY U.S.A.			
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13a. FATHER'S NAME John Miller			13b. MOTHER'S MAIDEN NAME Della Eaton			14. NAME OF HUSBAND OR WIFE None		
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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) UNK UNK		16. SOCIAL SECURITY NO. 499-16-6530		17. INFORMANT'S SIGNATURE OR NAME Bruce Miller				ADDRESS 3306 Wisconsin			
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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	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vasculous Thrombosis							
		ANTECEDENT CAUSES							
		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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? 332K	
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22. I hereby certify that I attended the deceased from **10-25-54**, 19___, to **10-25-54**, 19___, that I last saw the deceased alive on **10-25-54**, 19___, and that death occurred at **3:30P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Y. Maier M.D.		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 10-26-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/28/54		24c. NAME OF CEMETERY OR CREMATORY LAKE WOOD PARK		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
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DATE REC'D BY LOCAL REG. OCT 28 1954		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Aker Mortuary		ADDRESS	
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S.P. (Licensed Embalmer's Statement on Reverse Side)

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 *Dill C. Benson*.....

Licensed Embalmer No. *476*.....

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.**