

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **6594** Registrar's No. **96**

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>JEFFERSON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>RURAL-MERAMEC</b>		c. LENGTH OF STAY (In this place) <b>4 1/2 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>0500</b>		d. TOWN <b>MERAMEC</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>ST-JOSEPH'S HILL INFIRMARY</b>			d. STREET ADDRESS (If rural, give location) <b>LABARQUE (Emka RR #43)</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>HERMAN</b>		b. (Middle)	c. (Last) <b>MILLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 23 1954</b>
5. SEX <b>MO</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>APRIL 3, 1895</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR : MONTHS : DAYS <b>7 20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMER</b>	11. BIRTHPLACE (State or foreign country) <b>ST. GENEVIEVE MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>WILLIAM MILLER</b>		13b. MOTHER'S MAIDEN NAME <b>HENRIETTA ENGLE</b>	14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Bro. Rob. St. Joseph's Hill Inf. Center, Mo.</b>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY OCCLUSION</b>				INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <b>MYOCARDITIS CARDITIS</b> DUE TO (c) <b>ARTERIOSCLEROSIS</b>				
	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 <b>4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?			
22. I hereby certify that I attended the deceased from <b>4/26/1950</b> , to <b>11/22/1954</b> , that I last saw the deceased alive on <b>11/22/1954</b> , and that death occurred at <b>2:00 P. M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Dr. Marder</b>			23b. ADDRESS <b>NORMANDY, MO. 4323 ROLAND DRIVE</b>		23c. DATE SIGNED <b>11/23/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov 26-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Francis Cem</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Co (Highway 36) MO</b>		
DATE REC'D BY LOCAL REG. <b>12/11/54</b>	REGISTRAR'S SIGNATURE <b>Paul J. Isaac</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Brunner Funeral Home Home of Jimps 9th</b>		

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 14 1954

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Bill C. Branson*

Signed.....

Student Embalmer

Licensed Embalmer No. *4764*

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.