No. 300
10.48

FILED FEB 8 - 1955

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

State File No. 43841

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11976

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**1. PLACE OF DEATH**
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
c. LENGTH OF STAY (in this place): 5 Years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): De Paul Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis

c. CITY OR TOWN: Bellefontaine Ngbrs. 40
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location): 1233 Shepley Drive, 15,

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

**4. DATE OF DEATH** (Month) (Day) (Year): Dec. 31st, 1954

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Dec. 22nd, 1910
**9. AGE** (In years last birthday): 44 — 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): Plant Engineer
**10b. KIND OF BUSINESS OR INDUSTRY**: Continental Baking Co.
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Laurel H. Miller
**13b. MOTHER'S MAIDEN NAME**: Julia Sterling Borns
**14. NAME OF HUSBAND OR WIFE**: Vera Miller nee Broderick

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs. Vera Miller, 1233 Shepley Drive, 15,

**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) Myocardial Infarction

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Multiple pulmonary Embolic & Infarction
DUE TO (c) Chronic glomerulonephritis

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive cardiovascular disease & encephalopathy

INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION** 592X
**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): St. Louis St. Louis Mo.

**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* 12/26, 1950, *to* 12/31, 1954, *that I last saw the deceased alive on* 12/31, 1954, *and that death occurred at* 8:25A *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): [signature] M.D.
**23b. ADDRESS**: 10011 Bellefontaine Rd
**23c. DATE SIGNED**: 12/31/54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 1/3/55
**24c. NAME OF CEMETERY OR CREMATORY**: Lake Charles Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri.

**DATE REC'D BY LOCAL REG.**: JAN 3 1955
**REGISTRAR'S SIGNATURE**: J Carl Smith MD MJB
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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1:30 PM to 5:00PM
Friday Sure.

File in City

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis

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