

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10508

State File No.

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 634

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>		c. CITY OR TOWN <u>Ferguson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>5 1/2</u> years		STREET ADDRESS (If rural, give location) <u>37 N. Clark Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oak Knoll Rest. Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LAURA</u>	b. (Middle) <u>G. Allen</u>	c. (Last) <u>MILLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 16, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 15, 1858</u>	9. AGE (In years last birthday) <u>97</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Allen</u>	13b. MOTHER'S MARDEN NAME <u>Frances Doane</u>	14. NAME OF HUSBAND OR WIFE <u>Louis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Geo. Hanlon-7187 Washington Bld'g</u>	ADDRESS
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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, asthenia, 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) <u>Arteriosclerotic Heart disease</u>		<u>unknown</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u>		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>deafness</u>			

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 21, 1949 to March 16, 1955, that I last saw the deceased alive on March 15, 1955, and that death occurred at 1:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewie Littmann MD</u>	23b. ADDRESS <u>8231 Clayton Rd (17)</u>	23c. DATE SIGNED <u>3/16/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>3-10-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>High Hill, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3/17/55</u>	REGISTRAR'S SIGNATURE <u>Hebeed R. Tompa, MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.R. Lupton & Sons</u>	ADDRESS <u>7233 Delmar Blvd.,</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1911 31 407

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.. *Arnold W. Schoen*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

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