

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10580**

FILED APR 4 1955

BIRTH NO. _____ REG. DIST. NO. **517** PRIMARY REG. DIST. NO. **590** Registrar's No. **700**

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, write RURAL and give town) BERKELEY CITY		c. LENGTH OF STAY (If this place to ship) 6-MO		c. CITY OR TOWN BERKELEY CITY		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8936 KATHLYN				STREET ADDRESS (If rural, give location) 8936 KATHLYN			
3. NAME OF DECEASED (Type or Print) a. (First) CHRIST			b. (Middle) WOLF MILLER			4. DATE OF DEATH (Month) (Day) (Year) MAR-25-1955	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAR-26-1868	
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done normally or working life, even if dead) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) GERMANY	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME PHILLIP WOLF MILLER		13b. MOTHER'S MAIDEN NAME CATHERINE FLUHRER		14. NAME OF HUSBAND OR WIFE ELIZABETH WOLF MILLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Mrs. L. Baker ADDRESS Kathlyn			
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) Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lobar Pneumonia DUE TO (c) acute myocarditis				INTERVAL BETWEEN ONSET AND DEATH 3 wks. 5 wks.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 490X	
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) m.		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 Jan 14, 1951 , to March 25, 1955 , that I last saw the deceased alive on March 23, 1955 , and that death occurred at 2:05 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Dr. F. Snyder (Degree or title)				23b. ADDRESS 2573 Woodson Rd.		23c. DATE SIGNED March 25	
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE MAR-26-55		24c. NAME OF CEMETERY OR CREMATORY MULBERRY GROVE-11A		24d. LOCATION (City, town, or county) (State) MULBERRY GROVE-11L	
DATE REC'D BY LOCAL REG. 3/25/55		REGISTRAR'S SIGNATURE Heckard K. Bookert		25. FUNERAL DIRECTOR'S SIGNATURE B. Tanner		ADDRESS Natural Bridge	

(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 *Elmer R. Padwell*.....

Licensed Embalmer No. *407*.....

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.