

Reg. #7337

SL #5152

BIRTH NO.

FILED APR 28 1955

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

3361

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

Missouri

Saint Francois

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.

c. LENGTH OF STAY (in this place) 24 days

c. CITY OR TOWN Knob Lick

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.

STREET ADDRESS (If rural, give location)

0940

3. NAME OF DECEASED (Type or Print)

a. (First) FRED

b. (Middle) L.

c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year) April 14, 1955

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/15/94

9. AGE (In years last birthday)

60

IF UNDER 1 YEAR

Months

IF UNDER 24 HRS.

Days

IF UNDER 10 MRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hospital Attendant

10b. KIND OF BUSINESS OR INDUSTRY

Hospital

11. BIRTHPLACE (City and State or Foreign Country)

Herculeanum, Mo.

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Ben Miller

13b. MOTHER'S MAIDEN NAME

Ellen Montroy

14. NAME OF HUSBAND OR WIFE

Geneva Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW-1

16. SOCIAL SECURITY NO.

499-03-6734

17. INFORMANT'S SIGNATURE OR NAME

VA Hosp. Records, St. Louis, Mo.

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

MEDICAL CERTIFICATION

MYOCARDIAL INFARCTION

INTERVAL BETWEEN ONSET AND DEATH 24 hours

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) CORONARY THROMBOSIS

3 weeks

DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE

2 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

DIABETES MELLITUS & PULMONARY

2 "

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

TUBERCULOSIS

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

VA

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

4200

22. I hereby certify that I attended the deceased from 3/21, 19 55, to 4/14, 19 55, and that death occurred at 1:05 Am., from the causes and on the date stated above.

23a. SIGNATURE Hy E. Westphalinger (Degree & title)

23b. ADDRESS

VA Hosp., St. Louis, Mo.

23c. DATE SIGNED

4/14/55

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

4-14-55

24c. NAME OF CEMETERY OR CREMATORY

Farmington, Mo.

DATE REC'D BY LOCAL REG.

APR 14 1955

REGISTRAR'S SIGNATURE

Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE

Albert H. Hoppe 4700 Washington

ADDRESS

AUG 30 1955

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 *Frank J. Murray*.....

Licensed Embalmer No. *1374*.....

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.