

FILED JUN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16854

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4609**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis | | c. CITY OR TOWN St. Louis | |
| c. LENGTH OF STAY (in this place) 23 Years | | 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 2008 Ann Ave. | | STREET ADDRESS (If rural, give location) 5208 Nagle | |

| | | | | | | |
|--|-------------------------------|---|--|---|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | | |
| a. (First) LOUISA | b. (Middle) ELIZABETH | c. (Last) MILLER | May 24, 1955 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Sept. 27, 1869 | 9. AGE (In years last birthday) 85 | 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) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and State or Foreign Country) Bay, Missouri | | 12. CITIZEN OF WHAT COUNTRY USA |

| | | |
|--------------------------------------|--|---|
| 13a. FATHER'S NAME Unk. Bader | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Andrew, (Deceased) |
|--------------------------------------|--|---|

| | | | |
|--|-------------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Laura Spurr, 2008 Ann, St. Louis, Mo | ADDRESS |
|--|-------------------------------------|---|---------|

| | | | |
|---|---|--|---|
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH See list |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Antecardiac thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis general DUE TO (c) Senility | | |
| 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 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 4201 |
|--|--|--|

22. I hereby certify that I attended the deceased from **May 24, 1955**, to **May 24, 1955**, that I last saw the deceased alive on **May 24, 1955**, and that death occurred at **4:30 p.m.**, from the causes and on the date stated above.

| | | | |
|-----------------------------------|--------------------------------|-----------------------------------|---------------------------------|
| 23a. SIGNATURE [Signature] | (Degree or title) Medic | 23b. ADDRESS 1203 S. Grand | 23c. DATE SIGNED 5-25-55 |
|-----------------------------------|--------------------------------|-----------------------------------|---------------------------------|

| | | | |
|---|--------------------------|------------------------------------|--|
| 24a. BURIAL OR CREMATION REMOVAL (Specify) Removal | 24b. DATE 5-26-55 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Jefferson City, Mo. |
|---|--------------------------|------------------------------------|--|

| | | | |
|---|--|---|--|
| DATE REC'D BY LOCAL REG. MAY 26 1955 | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin F.H., Inc. | ADDRESS 2301 Lafayette St. Louis, Mo. |
|---|--|---|--|

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

Dr. Boyd
170 3 S Grand

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.....

Licensed Embalmer No.....

P. O. Address.....

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.