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FILED JUN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20248

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State File No.

5245

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY ST. LOUIS	
c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS.		c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS 7423a Pennsylvania		(If rural, give location) 2010	

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) S. c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) June 15 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 5 1895	9. AGE (In years) last birthday 60	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) Hdwe. Dealer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Herman Miller		13b. MOTHER'S MAIDEN NAME Lena Voss		14. NAME OF HUSBAND OR WIFE Lody	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) WW 1		16. SOCIAL SECURITY NO. 493-01-5938		17. INFORMANT'S SIGNATURE OR NAME Lody Miller	
				ADDRESS 7423a Pennsylvania	

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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>Obstruction of Ulnes of Esophagus</i> (b) <i>& Hemorrhage</i> (c) <i>Esophageal Varicose Veins</i> DUE TO (b) <i>Sarbanes's Cirrhosis of Liver (Liver)</i> DUE TO (c) <i>Arterio Sclerotic Heart Disease.</i></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>			INTERVAL BETWEEN ONSET AND DEATH 3 dn.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5811	

22. I hereby certify that I attended the deceased from Nov 18, 1953, to 6/15, 1955, that I last saw the deceased alive on 6/14, 1955, and that death occurred at 1:20A m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. Carl Smith</i>		(Degree or title)		23b. ADDRESS 7602 S. Budy	
23c. DATE SIGNED 6/16/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-18-1955	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.			

DATE REC'D BY LOCAL REG. JUN 17 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE Jos. P. Fendler Jr.	
				ADDRESS 7128 Michigan	

(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 *Clarence F. Schou*.....

Licensed Embalmer No. *384*

P. O. Address *7128 M*

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.