

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24115

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5652

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u>		j. STREET ADDRESS (If rural, give location) <u>1014 SANFORD</u>	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>HENRY</u> c. (Last) <u>MILLER JR</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 26, 1866</u>
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. SALES MANAGER</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>William H. Miller</u>	
14. MOTHER'S MAIDEN NAME <u>MARIE WINKER</u>		15. NAME OF HUSBAND OR WIFE <u>Helen Grahl Miller</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. SOCIAL SECURITY NO. <u>496-18-4152</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of bladder 1 yr.</u> DUE TO (c) <u>arteriosclerotic heart disease 2 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19a. ACCIDENT SUICIDE HOMICIDE (Specify)		19b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		19d. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. TIME OF INJURY (Month) (Day) (Year) (Hour)		20b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20c. HOW DID INJURY OCCUR?		181x	
21. I hereby certify that I attended the deceased from <u>1953</u> to <u>6/29</u> , 1955, that I last saw the deceased alive on <u>6/29</u> , 1955, and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.			
22a. SIGNATURE (Degree or title) <u>Robert Pauer M.D.</u>		22b. ADDRESS <u>3720 Washington</u>	
22c. DATE SIGNED <u>6/30/55</u>		23. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	
23a. DATE <u>7/2/55</u>		23b. NAME OF CEMETERY OR CREMATORY <u>Valhalla Chapel of Men.</u>	
23c. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		24. DATE REC'D BY LOCAL REG. <u>JUN 30 1955</u>	
24a. REGISTRAR'S SIGNATURE <u>Carl Smith</u>		24b. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. BRUSTER</u>	
24c. ADDRESS <u>Mortuary 6633 Clayton Rd.</u>		24d. ADDRESS	

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

STATEMENT BY LICENSED EMBALMER

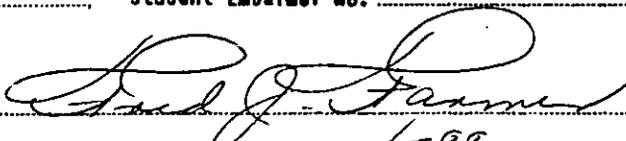
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 4788

P. O. Address St. Louis Mo.

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 this body is not embalmed, fact should be so stated above.