

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38628

State File No.

318

1003

10533

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
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. LENGTH OF STAY (In this place) <u>D.O.A.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>8304 Vulcan</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8304 Vulcan</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>B</u> c. (Last) <u>Miller</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30, 1955</u>								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec. 20, 1887</u>					
9. AGE (In years last birthday) <u>70</u>		10. MONTHS UNDER 1 YEAR <u>70</u>		10. HOURS UNDER 24 HRS. <u>70</u>		10. MINUTES UNDER 1 MIN. <u>70</u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Michigan</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>(Unk.) Whitaker</u>			13b. MOTHER'S MAIDEN NAME <u>Phoebe Woods</u>			14. NAME OF HUSBAND OR WIFE <u>John A. Miller</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillian B. Neuhaus</u>			17. ADDRESS <u>Rt. 1 Box 323 Arnold, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Thrombosis</u> <i>This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hour</u> <u>8 yrs.</u>			
19a. TYPE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>420.0</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 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 <u>10/22</u> , 1954, to <u>11/30</u> , 1955, that I last saw the deceased alive on <u>11/19</u> , 1955, and that death occurred at <u>5:30 P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Michael L. Bartmick M.D.</u>				23b. ADDRESS <u>7615 So Broadway</u>			23c. DATE SIGNED <u>11/30/55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 5, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1215 Lemay Ferry Road</u>					
DATE REC'D BY LOCAL REG. <u>DEC 2 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister U. & L. Co.</u>						
					ADDRESS <u>7814 So. Broadway St. Louis, Mo.</u>						

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

Harry J. Schumacher
Licensed Embalmer No. 2679

P. O. Address 7814 1st Avenue

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.