

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38630

State File No. _____

FILED DEC 5 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10117**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) no		c. CITY OR TOWN no			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		e. STREET ADDRESS (If rural, give location) 7513 Leedale Drive					
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) BAUTE		c. (Last) MILLER			
4. DATE OF DEATH (Month) (Day) (Year) 11 19 55		5. SEX male		6. COLOR OR RACE white			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH March 8, 1902		9. AGE (In years last birthday) 53			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) assistant superintendent		10b. KIND OF BUSINESS OR INDUSTRY H. K. Porter Co.		11. BIRTHPLACE (City and State or Foreign Country) Somerset, Kentucky			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Daniel Miller		13b. MOTHER'S MAIDEN NAME Hattie McQueary			
14. NAME OF HUSBAND OR WIFE Mary Hempstead Miller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no			
17. INFORMANT'S SIGNATURE OR NAME June Fetherson		ADDRESS 9681 Lilly Jean Drive					
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage ANTECEDENT CAUSES Laceration of Right lung; Fracture of Ribs; suffered by collision between car operated by deceased DUE TO (b) car operated by one, Boat II. OTHER SIGNIFICANT CONDITIONS Fractures on Hundy # 61-67, near Imperial, Mo. about 1957 and Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Halves 19 '1955.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Scalped death		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) Windy		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) (near) Imperial Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 19 55 10:00 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 816.4			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:35 m., from the causes and on the date stated above.							
23a. SIGNATURE Samuel M. Kelly		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11-21-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11-22-55		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery			
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons					
DATE REC'D BY LOCAL REG. NOV 21 1955		REGISTRAR'S SIGNATURE J. Carl Smith MD		ADDRESS 7233 Delmar Blv'd.,			

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 *Arnold W. Schoene*

Licensed Embalmer No. *386*

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.**

