

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42812**

FILED JAN 12 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **531** Registrar's No. **2965**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) University City		c. CITY OR TOWN University City	c. CITY OR TOWN 4336
d. FULL NAME OF HOSPITAL OR INSTITUTION 718 Leland Ave		e. STREET ADDRESS (If rural, give location) 718 Leland Ave	
3. NAME OF DECEASED (Type or Print) a. (First) Martha		b. (Middle) Bates	
c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 19, 1862
9. AGE (In years last birthday) 93		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 12 HRS: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Mt. Sterling, Illinois	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY At home	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Newton R. Bates	
13b. MOTHER'S MAIDEN NAME Elizabeth Turpin		14. NAME OF HUSBAND OR WIFE John G. Miller	
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 Mr W. Leslie Miller		ADDRESS 8145 Kingsbury	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial failure		INTERVAL BETWEEN ONSET AND DEATH Few hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis		10 yrs +	
DUE TO (c) Arteriosclerotic heart disease with		1942 on	
II. OTHER SIGNIFICANT CONDITIONS hypertension. 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 checked="" type="checkbox"/>		4200	
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)	
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 January, 1942 , to December 19, 1955 , that I last saw the deceased alive on December 6, 1955 , and that death occurred at 3:30 AM. , from the causes and on the date stated above.			
23a. SIGNATURE J. Fred W. Clark		23b. ADDRESS 864 Hamilton Blvd St. Louis Missouri	
23c. DATE SIGNED 12-19-55		23d. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	
23e. LOCATION (City, town, or county) (State) St. Louis, Missouri		23f. DATE REC'D BY LOCAL REG. 12-20-55	
REGISTRAR'S SIGNATURE Herbert B. Rouben MD		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons	
ADDRESS 6175 Delmar Blvd		St. (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 *Gas. E. Mc Cullor*.....

Licensed Embalmer No. *296*.....

P. O. Address..... *6150-D*.....

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.