5. No. 300
4. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1956

State File No. 6934

BIRTH NO. 10554-56 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 730

1. PLACE OF DEATH
a. 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)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lutheran Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Richmond Heights 44195
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 7509 Hoover

3. NAME OF DECEASED (Type or Print)
a. (First) Laurie
b. (Middle) Ann
c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year) 1-21-56

5. SEX Female
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH 1-16-56
9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months — Days 4 — IF UNDER 1 DAY: Hours 17 — Min. 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Robert Marvin Miller
13b. MOTHER'S MAIDEN NAME Lorraine Edna Baisch
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. ----
17. INFORMANT'S SIGNATURE OR NAME Robert Marvin Miller, 7509 Hoover ADDRESS

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cavernous Sinus Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 17 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Meningitis — 17 hrs.

DUE TO (c) Upper Respiratory Infection

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 341 X
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/16, 1956, *to* 1/21, 1956 *that I last saw the deceased alive on* 1/21, 1956, *and that death occurred at* 7:43 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Hugh R. Smith (Degree or title) MD
23b. ADDRESS 607 N. Grand
23c. DATE SIGNED 1-21-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Jan.23,1956
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
24d. LOCATION (City, town, or county) St. Louis County (State) Mo.

DATE REC'D BY LOCAL REG. JAN 23 1956
REGISTRAR'S SIGNATURE J. Carl Smith MD MPB
25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H., Inc., ADDRESS 1936 St.Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Not Embalmed

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No.....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.