

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11161**

318

PRIMARY REG. DIST. NO. **1003** Registrar's No. **3221**

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 MO b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.				e. STREET ADDRESS (If rural, give location) 25 607 WALNUT 2259			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle)			c. (Last) MILLER	
4. DATE OF DEATH		Month		Day		Year	
MARCH 28, 1956							
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH 2-27-1884		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER		10b. KIND OF BUSINESS OR INDUSTRY coffee shop		11. BIRTHPLACE (City and State or Foreign Country) Switzerland		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME C.N.T.			13b. MOTHER'S MARDEN NAME C.N.T.			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 43-06-0521		17. INFORMANT'S SIGNATURE OR NAME PEARL BOYD 4323A PAGE			
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary infarction					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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. 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 3-2- , 19 56 , to 3-28 , 19 56 , that I last saw the deceased alive on 3-28 , 19 56 , and that death occurred at 3: A.M. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John A. Miller MD				23b. ADDRESS 1515 LAFAYETTE AVE.		23c. DATE SIGNED 3-28-56.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-30-56		24c. NAME OF CEMETERY OR CREMATORY GREEN WOOD		24d. LOCATION (City, town, or county) (State) 6500 St. Louis MO	
DATE REC'D BY LOCAL REG. MAR 30 1956		REGISTRAR'S SIGNATURE J. M. S. CLAWSON		25. FUNERAL DIRECTOR'S SIGNATURE J. M. S. CLAWSON 4335 Washington St. St. Louis			

(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 *Arthur L. Helleson*

Licensed Embalmer No. *42*

P. O. Address *4107 F.*

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