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THE DIVISION OF HEALTH OF MISSOURI

FILED JUN 1 1956

STANDARD CERTIFICATE OF DEATH

State File No. 18331

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|---|---------------------------|---|--|--|--|---|----------------------------------|--|
| 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 township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 1 year | | 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 6045 Horton Pl. | | | | e. STREET ADDRESS (If rural, give location) 6045 Horton Pl. 20590 | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Augusta b. (Middle) ---- c. (Last) Miller | | | 4. DATE OF DEATH (Month) (Day) (Year) May 14 1956 | | | | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH July 13 1882 | | 9. AGE (in years last birthday) 73 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and State or Foreign Country) Moscoutah Ill. | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME Philip Schnbkegel | | 13b. MOTHER'S MAIDEN NAME Elizabeth Liebig | | 14. NAME OF HUSBAND OR WIFE Victor E. Miller | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) none | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura D. Bates, 6045 Horton Pl. | | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asterio Sclerosis</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 | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331x | | | | 20. AUTOPSY? YES <input 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) 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 _____, 19____, to _____, 19____, that I last saw the deceased (live on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <i>Joseph M. Drehmann</i> (Deputy Registrar) | | | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 5/15/56 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 5/16/56 | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | | | |
| DATE REC'D BY LOCAL REG. MAY 16 1956 | | REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd. | | | | |

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

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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..... *Warren A. Carver*

Licensed Embalmer No. *35*

P. O. Address.....

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.