

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22012

FILED JUN 21 1956

State File No. _____
Registrar's No. **5406**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN 4495 Richmond/Heights	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			e. STREET ADDRESS (If rural, give location) 7558 Hoover		
3. NAME OF DECEASED (Type or Print) a. (First) Marvin b. (Middle) B. c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) June 5, 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH January 7, 1888	9. AGE (In years last birthday) 68	10. IF UNDER 1 YEAR Days 4 IF UNDER 1 HRS. Hours 29 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partner-Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retail Shoe Store	11. BIRTHPLACE (City and State or Foreign Country) Lake Creek, Texas		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME W.S. Miller		13b. MOTHER'S MAIDEN NAME Orphelia Patterson		14. NAME OF HUSBAND OR WIFE Zella Pearl Mc Farland	
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. 494-01-7023	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harvey Kopp, 8746 Partridge		
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) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of cervical lymph nodes (metastatic from floor of mouth) 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 1 1/2 yrs.
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 143x			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" 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 May 11, 1956 , to June 5, 1956 , that I last saw the deceased alive on June 5, 1956 , and that death occurred at 10:10A , from the causes and on the date stated above.					
23a. SIGNATURE Ed. Demillion, M.D. (Degree or title)			23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 6/5/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 8, 1956	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) Lake Creek, Texas		
DATE REC'D BY LOCAL REG. JUN 6 1956	REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BEIDERWIEDEN F.H. INC. 1936 ST. LOUISAVE		

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 John J. Krupin

Licensed Embalmer No. 349

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.