No. 300
10.48

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

FILED AUG 24 1956

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28851

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6039

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN: St. Louis
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2624 Madison

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2620 2624 Madison

**3. NAME OF DECEASED** (Type or Print)
a. (First): MARY
b. (Middle):
c. (Last): MILLER

**4. DATE OF DEATH** (Month) (Day) (Year): June 22, 1956

**5. SEX**: Female
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Jan. 2, 1895
**9. AGE** (In years last birthday): 61 — IF UNDER 1 YEAR: Months 5, Days 20 — IF UNDER 24 HRS.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: --
**11. BIRTHPLACE** (City and State or Foreign Country): Natchez, Mississippi
**12. CITIZEN OF WHAT COUNTRY?**: U. S. A.
**13a. FATHER'S NAME**: William Scott
**13b. MOTHER'S MAIDEN NAME**: Sarah ?
**14. NAME OF HUSBAND OR WIFE**: William Miller
**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**: Georgia Williams — ADDRESS: 2621 Belleglade

**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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Arteriosclerosis — 1+ years
DUE TO (c) Senility - gen'l arteriosclerosis — 1+ years

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Bronchial Asthma — 1+ years

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 332x
**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* 7-6, 1955, *to* 6-22, 1956, *that I last saw the deceased alive on* 6-22, 1956, *and that death occurred at* 6:45 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Henry E. Dugas (Degree or title) M.D.
**23b. ADDRESS**: 3136 Easton Ave. (6)
**23c. DATE SIGNED**: 6-25-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 6-28-56
**24c. NAME OF CEMETERY OR CREMATORY**: Greenwood Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: JUN 26 1956
REGISTRAR'S SIGNATURE: Carl Smith MD
**25. FUNERAL DIRECTOR'S SIGNATURE**: Charles J. Gates — ADDRESS: 4107 Finney
MDB
(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..

Student.....
Signature of Student Embalmer

Signed Arthur L Hillear

Licensed Embalmer No. 4221

P. O. Address 4107 Finney

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.