

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39639

FILED NOV 26 1956

State File No. \_\_\_\_\_

9582

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>	c. LENGTH OF STAY (in this place) <u>1 WK</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND MO 626X1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>CHRISTIAN HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>2346 GAEBLER</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Lillian</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Miller</u>	10-19-56		

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>5-24-1893</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
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13a. FATHER'S NAME <u>FREDERICK SACHSE</u>	13b. MOTHER'S MAIDEN NAME <u>Sophie ARNHOLTZ</u>	14. NAME OF HUSBAND OR WIFE <u>CARL MILLER</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CARL MILLER 2346 GAEBLER</u>	
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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) <u>Hemorrhage into pericardial sac from rupture of ulcerated atherosclerotic plaque in aorta</u> ANTECEDENT CAUSES <u>Chronic Aortitis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Coronary sclerosis</u> 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. <u>Coronary</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>  <u>?</u>  <u>?</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct 10, 1956, to Oct 19, 1956, that I last saw the deceased alive on Oct 18, 1956, and that death occurred at 7A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Paul</u>	23b. ADDRESS <u>Overland, Mo.</u>	23c. DATE SIGNED <u>10-21-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-22-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT CECILIA CEMETERY PATTONVILLE</u>	24d. LOCATION (City, town, or county) (State) <u>MO</u>
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DATE REC'D BY LOCAL REG. <u>OCT 22 1956</u>	REGISTRAR'S SIGNATURE <u>Earl Smith MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>EARL HILGOMAN OVERLAND MO</u>
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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 .....  
Student Embalmer

Signed

*Carl J. Sullivan*

Licensed Embalmer No.

*3501*

P. O. Address

*Orland 14 MD*

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 this body is not embalmed, fact should be so stated above.