

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39642**  
Registrar's No. **9038**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <b>St. Louis</b>			c. CITY OR TOWN: <b>Mehlville Mo. 1</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place): <b>10 Days</b>			e. STREET ADDRESS (If rural, give location): <b>3602 Summitt</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Luthern Hosp.</b>					

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	<b>Alice</b>	<b>E.</b>	<b>Milliren</b>	<b>10 2 1956</b>

5. SEX: <b>Female</b>	6. COLOR OR RACE: <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <b>Married</b>	8. DATE OF BIRTH: <b>6--20--1907</b>	9. AGE (In years last birthday): <b>49</b>	IF UNDER 1 YEAR: <b>3</b> Months	IF UNDER 24 HRS.: <b>12</b> Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY: <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country): <b>Hoboken New Jersey</b>	12. CITIZEN OF WHAT COUNTRY?: <b>U.S.A.</b>
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13a. FATHER'S NAME: <b>William Bice</b>	13b. MOTHER'S MAIDEN NAME: <b>Eva (Unkown)</b>	14. NAME OF HUSBAND OR WIFE: <b>J. Orval Milliren</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service): <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME: <b>Orval Milliren</b>	ADDRESS: <b>3602 Summitt</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Coronary heart failure</b>		<b>1 year</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Rheumatic heart disease</b>		<b>30 years</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: <b>4/6x</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **June 1950**, to **Oct 2, 1956**, that I last saw the deceased alive on **Oct 1, 1956**, and that death occurred at **5A.** m., from the causes and on the date stated above.

23a. SIGNATURE: <b>R. A. Weissbaum</b> (Degree or title) <b>MD</b>	23b. ADDRESS: <b>3701 Grand Blvd</b>	23c. DATE SIGNED: <b>10-3-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify): <b>Removal</b>	24b. DATE: <b>10-6-1956</b>	24c. NAME OF CEMETERY OR CREMATORY: <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State): <b>St. Louis Mo.</b>
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DATE REC'D BY LOCAL REG. <b>OCT 3 1956</b>	REGISTRAR'S SIGNATURE: <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE: <b>Wingbermuehle</b>	ADDRESS: <b>3819 S. Grand Blvd.</b>
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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.....  
Signature of Student Embalmer

Signed *Geo Klingbermuehle Jr*  
Licensed Embalmer No. *4611*  
P. O. Address *St. Louis Mo*

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.