

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43542

STATE FILE NUMBER

FILED JAN 14 1957

92226-56

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11446

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN South Kinlock		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Maternity			Length of stay in lb	d. STREET ADDRESS 1139 Winton Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Miller			4. DATE OF DEATH Month Day Year Dec. 12, 1956		
5. SEX F "A" 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 7, 1956	9. AGE (In years last birthday) 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Alexander Miller			14. MOTHER'S MAIDEN NAME Muriel Esther Fairfax		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT John Miller		Address above
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastrointestinal Bleeding Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Immaturity DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Multiple birth					INTERVAL BETWEEN ONSET AND DEATH 5 hrs. 5 days
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 771.5			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from Dec. 7, 1956 to Dec. 12, 1956 and last saw her alive on Dec. 12, 1956 Death occurred at 1:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C. D. Vanellian, M. D.			22b. ADDRESS Barnes Hospital		22c. DATE SIGNED 12/13/56
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE DEC. 14, 1956	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		23d. LOCATION (City, town, or county) (State) St. Louis Mo	
24. FUNERAL DIRECTOR BOYD BROS. FUNERAL HOME, KINLOCK		ADDRESS	25. DATE RECD. BY LOCAL REG. DEC 13 1956	26. REGISTRAR'S SIGNATURE Carl Smith M.D.	

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 *Edward A. Flynn*.....

Licensed Embalmer No. *44*.....

P. O. Address *S. Kent*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.