

Health,  
Welfare  
Public  
Service

300  
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43548

FILED JAN 15 1957

Registration District No. **318** Primary Registration District No. **1003** STATE FILE NUMBER **11766** Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri,</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Anthony Hospital,</b>		Length of stay in lb	d. STREET ADDRESS <b>3522 Juniata St.,</b>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Frieda</b> Middle <b>L.</b> Last <b>Miller,</b>			4. DATE OF DEATH <b>December 21, 1956</b> Month <b>December</b> Day <b>21</b> Year <b>1956</b>		
5. SEX <b>Female,</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>December 7, 1878</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bookkeeper,</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired 2 1/2 Yrs.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri,</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John A. Miller,</b>			14. MOTHER'S MAIDEN NAME <b>Minnie Nordman,</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>488-05-7153</b>	17. INFORMANT Address <b>Henry C. Miller, 4422 Pennsylvania Ave.,</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b> <b>Myocardial infarct</b> <b>Arteriosclerotic myocarditis</b> DUE TO (b) <b>Arteriosclerotic Myocarditis</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>None</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b> <b>1 yr.</b>
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.) <b>-</b>			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE	
21. I attended the deceased from <b>May 1952</b> to <b>Dec. 21-1956</b> and last saw her/him alive on <b>12/21/56</b> Death occurred at <b>3:42 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Chas. E. Metz M.D.</b>			22b. ADDRESS <b>3102 S. Grand</b>		22c. DATE SIGNED <b>12/25/56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal,</b>		23b. DATE <b>12/24/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus Cemetery,</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
24. FUNERAL DIRECTOR <b>Gebken-Benz Mortuary,</b>		ADDRESS <b>2842 Meramec St., St. Louis, 18, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>DEC 24 1956</b>		26. REGISTRAR'S SIGNATURE <b>Chas. Smith M.D.</b>

(Licensed Embalmer's Statement on Reverse Side)

**mfb**

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 .....<sup>DE</sup>....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Joe S. Benz*

Licensed Embalmer No. 4249  
2842 Mera  
P. O. Address ... St. Louis

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.