

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 44374BIRTH NO. 94038-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3050

|  |  |   |  |  |  |   |  |
|--|--|---|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> |  |   |  |
| b. CITY OR TOWN <u>Normandy</u>  |  | c. LENGTH OF STAY (in this place) <u>24 hrs.</u>  |  | c. CITY OR TOWN <u>St. ANNS</u>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic</u>  |  |   |  | e. STREET ADDRESS (If rural, give location) <u>1057 Isabelle Ct.</u>   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Anthony</u>   |  | b. (Middle) <u>KEVIN</u>  |  | c. (Last) <u>Miller</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 25 56</u>   |  |
| 5. SEX <u>Male</u>   |  | 6. COLOR OR RACE <u>W</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>   |  | 8. DATE OF BIRTH <u>12-24-56</u>  |  |
| 9. AGE (In years last birthday) <u>0</u>   |  | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>   |  | IF UNDER 24 Hrs. Hours <u>0</u> Min. <u>55</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>  |  |
| 13a. FATHER'S NAME <u>Miller, Joseph</u>   |  |   | 13b. MOTHER'S MAIDEN NAME <u>Maniscalco, Ann</u> |  |  | 14. NAME OF HUSBAND OR WIFE <u>None</u>   |  |
| 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>x Joseph Miller, 1057 Isabelle</u>  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Pulmonary obstruction</u><br>DUE TO (c) <u>Aspiration of bronchial secretion</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>minutes</u><br><u>minutes</u><br><u>minutes</u>                                    |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION <u>76.10</u>   |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                       |  |
| 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) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>Dec. 24, 1956</u> , to <u>Dec. 25, 1956</u> , that I last saw the deceased alive on <u>Dec. 25, 1956</u> , and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above. |  |   |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>Robert E. Owen</u>   |  | 23b. ADDRESS <u>P.O. 7805 Olive Blvd. St. Louis 24</u>  |  | 23c. DATE SIGNED <u>12-25-56</u>   |  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>Dec. 26, 1956</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>  |  |
| DATE REC'D BY LOCAL REG. <u>12-26-56</u>   |  | REGISTRAR'S SIGNATURE <u>Herbert H. Donahue MD</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>  |  |   |  |

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 No Embalming, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Edwin M. Gerwath  
Licensed Embalmer No. 302

P. O. Address.....

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.