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FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6467

State File No. ....

BIRTH NO. 10416-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 850

1. PLACE OF DEATH  
a. COUNTY Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY JEFFERSON  
c. CITY OR TOWN ARNOLD d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION FIRMIN DESLORE STREET ADDRESS (If rural, give location) 29 R. ROUTE 2 0500

3. NAME OF DECEASED  
a. (First) Baby b. (Middle) Boy c. (Last) MILLER 4. DATE OF DEATH (Month) (Day) (Year) 1/26/57

5. SEX Male 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0 8. DATE OF BIRTH 1/25/57 9. AGE (in years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 8 11

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 Foreign Country) ST. LOUIS, MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOSEPH MELVIN MILLER 13b. MOTHER'S MAIDEN NAME CAROL ANN MELBOURNE 13c. NAME OF HUSBAND OR WIFE Joseph Melvin Miller

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'S SIGNATURE OR NAME ADDRESS Joseph Miller R.R.#2 Arnold, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Atelectasis Congenital  
ANTECEDENT CAUSES Atelectasis, congenital  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
DUE TO (b) 762.0  
DUE TO (c) 762.0  
II. OTHER SIGNIFICANT CONDITIONS Foetal anoxia  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?  YES  NO

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) 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25-1957 to 1-26-57, 1957, that I last saw the deceased alive on 1-26-1957, and that death occurred at 6:58 m., from the causes and on the date stated above.

23a. SIGNATURE H. Nestres (Degree or title) M.D. 23b. ADDRESS Firmin Deslore Hospital 23c. DATE SIGNED 1-28-57

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 24b. DATE 1-28-57 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Co., Mo.

DATE REC'D BY LOCAL REG. JAN 28 '57 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd.

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 *Not embalmed*  
*Albert Chandler*

Licensed Embalmer No. ....

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.