

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10747

FILED APR 12 1957

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

State File No. _____

Registrar's No. 2524

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/> yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmen Desloge Hospital		e. STREET ADDRESS (If rural, give location) 1845 South Spring Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) BANGS c. (Last) MILLER		4. DATE OF DEATH (Month) (Day) (Year) March 13, 1957	
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH Dec. 22, 1877
9. AGE (in years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 0
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Mines Equipment	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert B. Miller	
13b. MOTHER'S MAIDEN NAME Leocadia Bangs		14. NAME OF HUSBAND OR WIFE Ethel D. Miller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. —	
17. INFORMANT'S SIGNATURE OR NAME James E. Miller, son 647 Amelia, Web. Cr.		ADDRESS	
18. NO. 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGES</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 DAYS</u> ANTECEDENT CAUSES DUE TO (b) <u>ANOXIA - CEREBRAL</u> <u>6 DAYS</u> DUE TO (c) <u>Emphysema Obstructive</u> <u>15 YEARS</u> 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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>1948</u> to <u>MAR 13, 1957</u> , that I last saw the deceased alive on <u>MAR 13, 1957</u> , and that death occurred at <u>3:48 PM</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Herbert C. Sweet - M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Louis, Mo</u>	
23c. DATE SIGNED <u>3/13/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <u>Mar. 15, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>MAR 14 '57</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Croghan</u> ADDRESS <u>831 East Big Bend</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FORM

913

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..... *Horner W. Fruty*

Licensed Embalmer No. *388*

P. O. Address *St. Jo.*

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.