

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10754

STATE FILE NUMBER

FILED APR 15 1957

81938-56 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2976

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, give TOWNSHIP only) Inside Limits
OR St. Louis Yes No

c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb
HOSPITAL OR INSTITUTION **St. Anthony's Hospital** 2 239

d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No
1704 Nicholson Pl.

3. NAME OF DECEASED (Type or print) First Middle Last
Linda Louise Miner

4. DATE OF DEATH Month Day Year
March 26, 1957

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH **Oct. 31, 1956** 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.
Female **White** **Oct. 31, 1956** **4** **27** Hours Min.

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) 12. CITIZEN OF WHAT COUNTRY?
None **None** **St. Louis, Mo.** **U.S.**

13. FATHER'S NAME **Calvin Miner** 14. MOTHER'S MAIDEN NAME **Florine Bannister**

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 Address
No **None** **Calvin Miner, 1704 Nicholson Pl.**

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Interstitial Pneumonitis**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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) 19. WAS AUTOPSY PERFORMED?
525X YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. 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 _____ to _____ and last saw her/him alive on _____
Death occurred at **1005 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED
Patricia Taylor Carauer **1300 Clark** **3-27-57**

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
Removal **3-27-57** **Desloge, Mo.**

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
Albert H. Hoppe, 4700 Washington Blvd. **MAR 27 '57** **Carl Smith MD**

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
S. 300
1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
securing the medical certification in the specific manner required by statute.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Missouri

x

St. Louis

x

St. Louis

John Nicholson M.D.

St. Anthony's Hospital

March 23, 1927

Funeral

House

St. Louis

1927

Oct. 11, 1926

White

Female

St. Louis

St. Louis, Mo.

None

Flourie Gannister

Calvin Miller

John Nicholson M.D., Calvin Miller

None

None

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 *J. W. P. [Signature]*

Licensed Embalmer No. *1365*

P. O. Address *[Signature]*

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.

Albert H. [Signature], 1400 Washington Ave.