

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19070

STATE FILE NUMBER

4685

FILED MAY 27 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		Length of stay in 1b 60yrs	(If outside, give location) STREET ADDRESS 839 STREET 5842 Cabanne
3. NAME OF DECEASED (Type or print) First Joseph Middle Wilson Last Miller		4. DATE OF DEATH May 15, 1957 Month Day Year	

5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 28, 1869	9. AGE (In years last birthday) 87yrs	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
-----------------	---------------------------	---	---------------------------------------	--	---	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Secy To Chief of Police, St. Louis Mo.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Cincinnati, Ohio	12. CITIZEN OF WHAT COUNTRY? USA
---	-----------------------------------	--	---

13. FATHER'S NAME Joseph W. Miller	14. MOTHER'S MAIDEN NAME Caroline Hunt
---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (See no. of unknowns) (If yes, give war or dates of service) Spanish American War	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Ida F. Miller 5842 Cabanne
--	-------------------------------------	--

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemiplegia left - Probably Thrombosis Acute dilatation heart Ret. coronary infarction Arteriosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 1 week 1 week 1947 before
DUE TO (b) Ret. coronary infarction		
DUE TO (c) Arteriosclerotic heart disease		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 420.0		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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.)
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 COUNTY STATE
--	---	---

21. I attended the deceased from **1944** to **5-15-57** and last saw ^{her}him alive on **5-15-57**.
Death occurred at **3:00 P. m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. H. Clark M.D.	22b. ADDRESS 864 Hamilton Blvd St. Louis 12 Mo	22c. DATE SIGNED 5-17-57
---	---	---------------------------------

23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Cremation	May 18, 1957	Oak Grove Crematory	St. Louis Co. Mo.

24. FUNERAL DIRECTOR ADDRESS Alexander & Sons 6125 Delmar	25. DATE RECD. BY LOCAL REG. MAY 17 '57	26. REGISTRAR'S SIGNATURE Carl Smith MD
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

000-56

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 *Joseph E. McCulloh*

Licensed Embalmer No. 248

P. O. Address 6175 De

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.