FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27061

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1619

1. PLACE OF DEATH
a. COUNTY: ST. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy
c. LENGTH OF STAY (in this place): 15 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Normandy Osteopathic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: ~~St. Louis~~
c. CITY OR TOWN: ST Louis
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 5219 Bulwer

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD b. (Middle) C c. (Last) MILLER
4. DATE OF DEATH (Month) (Day) (Year): June 24 1957
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 21 1886
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABOR
10b. KIND OF BUSINESS OR INDUSTRY: Various
11. BIRTHPLACE (City and State or Foreign Country): WASHINGTON Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: JACOB MILLER
13b. MOTHER'S MAIDEN NAME: MILLISA NORTHCUTT
14. NAME OF HUSBAND OR WIFE: SARAH E. MILLER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 497-05-1272
17. INFORMANT'S SIGNATURE OR NAME: Sarah E. Miller ADDRESS: 5219 Bulwer

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Peripheral Vascular Collapse — INTERVAL BETWEEN ONSET AND DEATH: min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Overwhelming Toxemia — 1 wk.
DUE TO (c) Generalized Carcinomatosis — yrs

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 ☐ 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) m.
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* June 12, 1957, *to* June 24, 1957, *that I last saw the deceased alive on* June 24, 1957, *and that death occurred at* 11:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: William D. McGowan Jr. DO (Degree or title)
23b. ADDRESS: 3301 Ashby Rd St Ann Mo
23c. DATE SIGNED: 6/25/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-26-1957
24c. NAME OF CEMETERY OR CREMATORY: Buffalo Cemetery
24d. LOCATION (City, town, or county) (State): Sullivan, Missouri.

DATE REC'D BY LOCAL REG.: 6-26-57
REGISTRAR'S SIGNATURE: VIA MOTOR Herbert B. Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Math. Hermann & Son Inc. 2161 E. Fair Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

Wm. D. McGowan Jr.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Glen W. Hatz

Licensed Embalmer No. 373

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.