

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29792

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7047

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)	c. CITY OR TOWN St. Louis, d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hosp		e. STREET ADDRESS (If rural, give location) 21715 3853a Russell	

3. NAME OF DECEASED (Type or Print) a. (First) Milo	b. (Middle) S.	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) July 27, 1957
--	----------------	------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 12, 1893	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Mins.
-------------	------------------------	--	---------------------------------	------------------------------------	------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Mgr.	10b. KIND OF BUSINESS OR INDUSTRY Goodwill Industry	11. BIRTHPLACE (City and State or Foreign Country) Red Bud, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	----------------------------------

13a. FATHER'S NAME James L. Miller	13b. MOTHER'S MAIDEN NAME Mary Josephine Davis	14. NAME OF HUSBAND OR WIFE Johanna Wulf 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 Mrs. Johanna Miller	ADDRESS 3853a Russell
--	-------------------------	---	-----------------------

18. CAUSE 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of aneurysm		5 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic aneurysm of abdominal aorta DUE TO (c) Carcinoma of pancreas		6 mo.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			2 mo

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)	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 Sept 7, 1956 to July 27, 1957, that I last saw the deceased alive on July 26, 1957 and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE James C Redington Jr MD	23b. ADDRESS (Degree or title) 950 Francis Place	23c. DATE SIGNED 7-29-57
--	--	--------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 30, 1957	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus	24d. LOCATION (City, town, or county) (State) St. Louis County
--	-------------------------	---	--

DATE REC'D BY LOCAL REG. JUL 29 57	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros	ADDRESS 2201 S. Grand Blvd
------------------------------------	-----------------------	---	----------------------------

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

Dr James O Robinson
" Tuscarora Park
East of Big Bend.

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 *V E Morris*.....

Licensed Embalmer No. 330

P. O. Address *St Louis*.....

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.