

FILED NOV 22 1957 STANDARD CERTIFICATE OF DEATH

43082
State File No. 2863
Registrar's No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 570

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 4356	
c. LENGTH OF STAY (In this place) 2 hours		d. STREET ADDRESS (If rural, give location) 7439 Wellington Avenue	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Ferdinand c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) 11 15 57										
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 29-1891		9. AGE (In years last birthday) 60		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) Brick Mason				10b. KIND OF BUSINESS OR INDUSTRY Harry Grant Co.				11. BIRTHPLACE (State or foreign country) Maryland				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Casper Miller			13b. MOTHER'S MAIDEN NAME Pauline Butler			14. NAME OF HUSBAND OR WIFE Henrietta E. Miller		
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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. 489-03-1332		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henrietta E. Miller 7439 Wellington	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Vasomotor Collapse				INTERVAL BETWEEN ONSET AND DEATH 6 hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Thrombosis DUE TO (c) 4201				6 hours	
		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? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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	
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22. I hereby certify that I attended the deceased from 11-15, 1957, to 11-15, 1957, that I last saw the deceased alive on 11-15, 1957, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Shelby DO		23b. ADDRESS 1917 N. Hanley Bld		23c. DATE SIGNED 11-16-57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/18/57		24c. NAME OF CEMETERY OR CREMATORY Friedens E & R Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
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DATE REC'D BY LOCAL REG. 11-16-57		REGISTRAR'S SIGNATURE Herbert B. Dombke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons 7233 Delmar Bl.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Robert W. Kelly
1917 W. Stanley Rd.
Wla. 7-0700
1-3 P.M.

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 _____
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.