

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19827-58

58-012028
State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2516**

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 12		c. CITY OR TOWN St. Louis 7	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		e. STREET ADDRESS (If rural, give location) 201 3025 A North 20th Street	
3. NAME OF DECEASED a. (First) Patricia b. (Middle) Ann c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) 3 2 '58	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single - never married	8. DATE OF BIRTH February 28, 1958
9. AGE (In years last birthday) 1	IF UNDER 1 YEAR Months 1 Days 22	IF UNDER 48 HRS. Hours 22 Min. 35	
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 Foreign Country) St. Louis 12, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Rudolph Miller		13b. MOTHER'S MAIDEN NAME Theresa Mae Price	
14. NAME OF HUSBAND OR WIFE			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Theresa M. Miller	ADDRESS 3025 A N. 20th St.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Athletosis		INTERVAL BETWEEN ONSET AND DEATH 36 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity		
	DUE TO (c) 762.5		
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 <input type="checkbox"/> NO <input checked="" 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 **February 28, 1958**, to **March 2, 1958**, that I last saw the deceased alive on **March 2, 1958**, and that death occurred at **5:00 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Theresa M. Mearns M.D. (Degree or title)	23b. ADDRESS 16 Hampton Village Mo.	23c. DATE SIGNED 3 Mar 58
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-3-58	24c. NAME OF CEMETERY OR CREMATORY COOPER HILL
24d. LOCATION (City, town, or county) COOPER HILL	24e. STATE Mo.	
DATE REC'D BY LOCAL REG. MAR 3 58	REGISTRAR'S SIGNATURE Carl Smith MO 83	25. FUNERAL DIRECTOR'S SIGNATURE ST. LOUIS FUNERAL HOME ADDRESS 2205 ST. LOUIS AVE.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Not embalmed
Ben R. Yasukawa

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 embalmed by a STUDENT; he also shall sign in his OWN handwriting.

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