

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All symptoms will be listed.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016204

STATE FILE NUMBER

3775

FILED APR 18 1958

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 institutions: 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 type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D1 3026 Pine St. | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 21/ 3026 Pine Street | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last Rose Mary Miller | | | 4. DATE OF DEATH Month Day Year 4- 1-58 | | |
| 5. SEX F 3 | 6. COLOR OR RACE Col | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 12-3-57 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 3 Months 28 Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0. | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | 13. FATHER'S NAME George Miller | | |
| 14. MOTHER'S MAIDEN NAME Betty | | | 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. None | | | 17. INFORMANT Address Betty Miller-3026 Pine | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Interstitial Pneumonitis</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 525X | | |
| 20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year | | | | | |
| 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 _____, to _____ and last saw her alive on _____ Death occurred at <i>1040A</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>James W Kelly Chou</i> | | | 22b. ADDRESS <i>1300 Clark</i> | | 22c. DATE SIGNED <i>4-4-58</i> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | | 23b. DATE <i>4-4-58</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i> | | 23d. LOCATION (City, town, or county) (State) <i>St. Louis Co, Mo</i> |
| 24. FUNERAL DIRECTOR ADDRESS <i>A.L. Beal Undertaking-4303 Delmar</i> | | | 25. DATE RECD. BY LOCAL REG. <i>APR 4 '58</i> | 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> S.P. | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John Cunningham*.....
Licensed Embalmer No. *447*.....

P. O. Address *2405 W*.....

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.