

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019959
State File No.

Registrar's No. 5491

FILED JUN 11 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 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 No

d. FULL NAME OF HOSPITAL OR INSTITUTION **4985 Tholozan** e. STREET ADDRESS (If rural, give location) **4985 Tholozan**

3. NAME OF DECEASED (Type or Print) a. (First) **John** b. (Middle) **Henry** c. (Last) **Miller** 4. DATE OF DEATH (Month) (Day) (Year) **5 -26-1958**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **8-10-1870** 9. AGE (In years last birthday) **87** 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) **Retired** 10b. KIND OF BUSINESS OR INDUSTRY **Hammer Dry Plate Co** 11. BIRTHPLACE (City and State or Foreign Country) **Unknown Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Alvina Miller (Deceased)**

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. **491-12-9272** 17. INFORMANT'S SIGNATURE OR NAME **Stella Miller** ADDRESS **4985 Tholozan**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **CEREBRAL THROMBOSIS** INTERVAL BETWEEN ONSET AND DEATH **6 wks**

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **ARTEROSCLEROSIS** **years**

DUE TO (c) **332+**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **DECUBITUS OVER SACRUM**

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) _____ 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 **4/19**, 19**58**, to **5/26**, 19**58**, that I last saw the deceased alive on **5/24**, 19**58**, and that death occurred at **10A** m., from the causes and on the date stated above.

23a. SIGNATURE **George A. Rowan M.D.** (Degree or title) 23b. ADDRESS **5203 Chippewa** 23c. DATE SIGNED **5/24/58**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **5-28-1958** 24c. NAME OF CEMETERY OR CREMATORY **St. Matthews Cemetery** 24d. LOCATION (City, town, or county) (State) **4360 Bates St. Louis, Mo.**

DATE REC'D BY LOCAL REG. OFFICE **MAY 26 58** REGISTRAR'S SIGNATURE **Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **W. Ziegenhain Bros** ADDRESS **6409 Gravois.**

(Licensed Embalmer's Statement on Reverse Side)

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

5. No. 300
v. 10.48
Keller/Edg

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 *Van M. Sizemore*.....

Licensed Embalmer No. 4343

P. O. Address St. Louis, Mo.

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.