

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027248

STATE FILE NUMBER

Registration District No.

318 Primary Registration District No. 1003

Registrar's No. 6393

FILED JUL 21 1958

| | | | |
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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN East St. Louis 8120 8 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 34 St. Mary's Infirmary | | Length of stay in lb 5 Weeks | d. STREET ADDRESS (If outside, give location) 32 2701 Missouri Avenue |
| 3. NAME OF DECEASED (Type or print) First Middle Last GEORGE MILLER | | 4. DATE OF DEATH Month Day Year June 20, 1958 | |
| 5. SEX Male 2 | 6. COLOR OR RACE Negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH January 5, 1907 |
| 9. AGE (In years last birthday) 51 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 11. BIRTHPLACE (City and state or country) Lauderdale, Mississippi |
| 12. CITIZEN OF WHAT COUNTRY? U. S. A. | | 13. FATHER'S NAME George Miller | |
| 14. MOTHER'S MAIDEN NAME Zellar Wilson | | 15. NAME OF HUSBAND OR WIFE Dorothy Miller | |
| 16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 17. SOCIAL SECURITY NO. 329-10-6452 | 18. INFORMANT Address Dorothy Miller 2701 Missouri Ave. |
| 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myelogenous Leukemia | | | INTERVAL BETWEEN ONSET AND DEATH About 3 mo. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 204.1 | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Abscess left lung | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT <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 8/6/57 to 6/20/58 and last saw her/him alive on 6/20/58 Death occurred at 6:47 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Chas R. Fryer, M.D. | | 22b. ADDRESS 1401 GATE | 22c. DATE SIGNED 6/21/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 6/21/58 | 23c. NAME OF CEMETERY OR CREMATORY Booker Washington | 23d. LOCATION (City, town, or county) (State) Centreville Township, Illinois |
| 24. FUNERAL DIRECTOR ADDRESS Marion E. Office 2114 Missouri Ave. E. St. Louis, Ill. | | 25. DATE RECD. BY LOCAL REG. JUN 24 '58 | 26. REGISTRAR'S SIGNATURE Carl Smith MD |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Franz Crollhoff*

Licensed Embalmer No. *4356*

P. O. Address *St. James 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.