Health, Welfare, Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-034919
STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2456

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN Clayton — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hosp. — Length of stay in Hospital DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Brentwood 45110 — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 2825 Lawndell Dr. — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First CHARLES Middle F. Last MILLER

4. DATE OF DEATH Month Sept. Day 23 Year 1958

5. SEX M
6. COLOR OR RACE W
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH 4-21-1893
9. AGE (In years last birthday) 65 — 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) Maintenance
10b. KIND OF BUSINESS OR INDUSTRY Pipe Mfg. (Bldg.)
11. BIRTHPLACE (City and state or country) Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles F. Miller
13b. MOTHER'S MAIDEN NAME Henrietta Banker
14. NAME OF HUSBAND OR WIFE Myrtle Christman Miller

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. 488-12-7127
17. INFORMANT Myrtle Miller, Address above

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) unknown natural causes — INTERVAL BETWEEN ONSET AND DEATH unk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 7954
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 NO X

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 2:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Herbert R. Domke M.D. Coroner
Herbert R. Domke, M.D., Local Registrar
22b. ADDRESS 651 S. Brentwood, Clayton, Mo.
22c. DATE SIGNED 9/30/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
23b. DATE 9-25-58
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory
23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.
25. DATE RECD. BY LOCAL REG. 9-24-58
26. REGISTRAR'S SIGNATURE Herbert R. Domke M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 J. Allen Davis

Licensed Embalmer No. 4053

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.