

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034955

STATE FILE NUMBER

FILED SEP 29 1958

Registration District No. 317 Primary Registration District No. 543 Registrar's No. 2412

S. 300
1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jennings, Missouri			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Shrewsbury, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Tower Nursing Home			Length of stay in lb 17 days		d. STREET ADDRESS 4908 Wilshusen		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) Ira				Middle Miller		Last Miller	
4. DATE OF DEATH September 18, 1958		Month September		Day 18		Year 1958	
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 15, 1876		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clergyman (Retired)	10b. KIND OF BUSINESS OR INDUSTRY Church		11. BIRTHPLACE (City and state or country) Bollinger Co. Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ellen L. Miller			13b. MOTHER'S MAIDEN NAME Ellen Nugent			14. NAME OF HUSBAND OR WIFE Louise F. Miller (Fernow)	
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. 498-40-7875		17. INFORMANT Mrs. Katharine Walter, 4908 Wilshusen			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease						INTERVAL BETWEEN ONSET AND DEATH unknown	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						4200	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) 1) Parkinsons Syndrome 2) Bronchial asthma						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. _____			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from Sept 21, 1958 to Sept 18, 1958 and last saw him alive on 9/16/58 Death occurred at 6:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Lewis L. Stumm, MD			22b. ADDRESS 8231 Clayton Rd (17)			22c. DATE SIGNED 9/19/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-20-58	23c. NAME OF CEMETERY OR CREMATORY Cave Hill Cemetery		23d. LOCATION (City, town, or county) (State) Louisville, Ky.		
24. FUNERAL DIRECTOR Hornmeister Colonial Mortuary 6464 Chippewa St., St. Louis				25. DATE RECD. BY LOCAL REG. 9-20-58		26. REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.	

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 *Bill C. Hanson*

Licensed Embalmer No. *4764*
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.