

Health & Welfare Public Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038034  
STATE FILE NUMBER

NOV 10 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10249

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: 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 checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital			Length of stay in lb. 13 days		d. STREET ADDRESS 2839 Arlington Ave		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Milton Heise Miller				4. DATE OF DEATH Month Day Year 10 23 58				
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 3, 1912		9. AGE (In years last birthday) 46	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) Interior Decorator			10b. KIND OF BUSINESS OR INDUSTRY Interior Dec.		11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Harry E. Miller			13b. MOTHER'S MAIDEN NAME Emma Heise			14. NAME OF HUSBAND OR WIFE Mildred Miller		
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. 489-22-2471		17. INFORMANT Address Mrs. Mildred Miller, 2839 Arlington			
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>Pulmonary Atelectasis</i> <i>Hematomas of the right Lung;</i> DUE TO (b) <i>Multiple Fractures.</i> DUE TO (c) <i>Multiple Fractures.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition stated in Part I. <i>depressed when the operator left deceased went out of control and struck the front of about 4220 Union Ave. about 11:30 pm., October 10, 1958</i>							INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter name of injury in PART I or PART II of item 18.) <i>Central and struck the front of about 4220 Union Ave. about 11:30 pm., October 10, 1958</i>					
20c. TIME OF INJURY Hour Month, Day, Year 11:30 p.m. 10 10 58			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7 street		20e. CITY, TOWN, OR LOCATION, COUNTY STATE St. Louis Mo.			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 11:12 p. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Paul M. Smith</i>				22b. ADDRESS 1200 Clark		22c. DATE SIGNED 10/27/58		
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 10/27/58	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County Mo.			
24. FUNERAL DIRECTOR Drehmann-Harral			ADDRESS 1905 Union		25. DATE RECD. BY LOCAL REG. OCT 27 58	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Robert R. Thompson* .....

Licensed Embalmer No. *4337* .....

P. O. Address *St. Louis* .....

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.