Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042670
STATE FILE NUMBER

NOV 18 1958 Registration District No. 317 Primary Registration District No. 545 Registrar's No. 2910

1. PLACE OF DEATH a. COUNTY St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Maplewood — Inside Limits Yes [XX] No [ ]	c. CITY OR TOWN Maplewood 4544 — Inside Limits Yes [XX] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 7178a Manchester Ave — Length of stay in 1b 1 year	d. STREET ADDRESS (If outside, give location) 7178a Manchester Avenue — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Marie	Middle Sophia	Last Miller	4. DATE OF DEATH Month Day Year November 10, 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED [XX] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH May 15, 1900
9. AGE (In years last birthday) 58	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) Long Distance Operator	10b. KIND OF BUSINESS OR INDUSTRY Bell Telephone Co.	11. BIRTHPLACE (City and state or country) East St. Louis, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Joseph Kenney	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Lester 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. 488-10-3892	17. INFORMANT Mr. Clarence Underwood Address 1149 Veronica Avenue	

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) arterio sclerotic Heart Dis — INTERVAL BETWEEN ONSET AND DEATH years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic essential Hypertension — "

DUE TO (c) 4/200

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 [ ] 0

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

21. I attended the deceased from 1946, to Oct 2 58 and last saw her/him alive on 10/2/58.
Death occurred at 2:00 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Chas O Miller MD	22b. ADDRESS 408 Humboldt	22c. DATE SIGNED 11/11/58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 11-13-58.	23c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery
23d. LOCATION (City, town, or county) (State) Rolla, Missouri.		
24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc. 2161 E. Fair	25. DATE RECD. BY LOCAL REG. 11-11-58	26. REGISTRAR'S SIGNATURE Herbert R. Damke M.D.

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. 3737

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.