

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046704

STATE FILE NUMBER

FILED DEC 19 1958

Registration District No. 317

Primary Registration District No. 547

Registrar's No. 3211

300
1-57

1. PLACE OF DEATH a. COUNTY <u>ST Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>RICHMOND HEIGHTS</u> OR <u>St. Louis Mo.</u> TOWN <u>St. Louis Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Mary's Hosp</u> HOSPITAL OR INSTITUTION Length of stay in lb <u>257</u>		d. STREET ADDRESS (If outside, give location) <u>1014 Locust St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First <u>LILLIAN</u> Middle <u>HARTMANN</u> Last <u>MILLER</u>			4. DATE OF DEATH Month <u>12</u> Day <u>6</u> Year <u>58</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1/16/1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ignatz Hartmann</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Kohn</u>	14. NAME OF HUSBAND OR WIFE <u>David Miller (Deceased)</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Leonard Miller 1504 Kappel, St. Louis 21</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u>			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>9049</u> DUE TO (c) <u>47</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture right hip - Diabetes Mellitus</u>			19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <u>333</u>
21. I attended the deceased from <u>11/1/58</u> to <u>12/6/58</u> and last saw her alive on <u>12/6/58</u> Death occurred at <u>11:35 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Pharmacist Taylor M.D.</u>		22b. ADDRESS <u>4660 Chestnut St. St. Louis, Mo.</u>	22c. DATE SIGNED <u>12/8/58</u>
23a. FUNERAL HOME OR REMOVAL <u>Funeral removal</u>	23b. DATE <u>12/8/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai</u>	23d. LOCATION (City, town, or county) (State) <u>8400 Gravois Ave</u>
24. FUNERAL DIRECTOR <u>Mayer</u> ADDRESS <u>4356 Lindell Blvd</u>		25. DATE RECD. BY LOCAL REG. <u>12-8-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert P. Danks M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
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 *Robert M. Murray*

Licensed Embalmer No. *37490*
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.