

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003287

STATE FILE NUMBER

2-1025

FILED FEB 10 1959

Registration District No.

Primary Registration District No.

Registrar's No.

300

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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 type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE Christian Hospital		Length of stay in 1b	7177 STREET ADDRESS 3941 Shenandoah		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Royal Frank Miller			4. DATE OF DEATH Month Day Year 1 28 1959					
5. SEX Male <input checked="" type="radio"/>	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 Dec. 17 1897		9. AGE (In years last birthday) 61	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 Building	11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME John H. Miller		13b. MOTHER'S MAIDEN NAME Helen Knobel		14. NAME OF HUSBAND OR WIFE Myrtle				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unk		16. SOCIAL SECURITY NO. 495-22-3887	17. INFORMANT Myrtle Miller		Address 3941 Shenandoah			
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>Atherosclerotic heart disease</u> DUE TO (b) <u>Myocardial infarction</u> DUE TO (c) <u>Auricular Fibrillation</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4200.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Dec 10 1958</u>		
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.) <u>4200.</u>						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT WORK <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
21. I attended the deceased from <u>1938</u> to <u>1/28/59</u> and last saw her alive on <u>1-27-59</u> Death occurred at <u>AM</u> on the date <u>1-28-59</u> ; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Harry Klein MD</u>		(Degree or title)	22b. ADDRESS <u>HARRY A. KLEIN, M.D.</u> <u>5074 N. UNION BLVD.</u> <u>ST. LOUIS 15, MO.</u>		22c. DATE SIGNED <u>1-28-59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 31 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Okawville, Illinois</u>				
24. FUNERAL DIRECTOR <u>Gebken Sons</u>		ADDRESS <u>2630 Gravois</u>		25. DATE RECD. BY LOCAL REC. <u>JAN 29 59</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith. M.D.</u>		

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 *Herbert J. Law Jr.*

Licensed Embalmer No. *4800*

P. O. Address *Kirkwood 22 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.