

XC-16469910 SL15152

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007457

STATE FILE NUMBER

FILED FEB 17 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **1099**

300
-57
273
0

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO		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 VETS. ADM. HOSPITAL		Length of stay in lb 4 Days	d. STREET ADDRESS (If outside, give location) 2206A SULLIVAN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ROBERT V MILLER			4. DATE OF DEATH Month JANUARY Day 28 Year 1959		
5. SEX MALE	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 3-27-86		9. AGE (In years at birth) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) LOCOMOTIVE ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and state or country) CURWENSVILLE, PENN.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ROBERT MILLER		13b. MOTHER'S MAIDEN NAME SARAH E. TAYLOR	
14. NAME OF HUSBAND OR WIFE ELSIE K MILLER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, if unknown, (If specify war or dates of service)) YES WW-I			
16. SOCIAL SECURITY NO. 360011826		17. INFORMANT Address VAH RECORDS 915 N. GRAND ST. LOUIS, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROBABLE MYOCARDIAL INFARCTION					INTERVAL BETWEEN ONSET AND DEATH 2 HOURS
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE					-
DUE TO (c) - 420.0 -					-
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NONE		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. 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
21. Attended the deceased from 1/24/59 to 1/28/59 and last saw him alive on 1/28/59 Death occurred at 11:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Design or title) <i>Cornelius J. O'Connor M.D.</i>			
22b. ADDRESS VAH ST. LOUIS, MISSOURI		22c. DATE SIGNED 1/29/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 2/2/59		23b. NAME OF CEMETERY OR CREMATORY CONNOR, M.D. National Cem.		23c. LOCATION (City, town, or county) (State) Jefferson Bks. Mo	
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. JAN 31 '59		26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i> C.R.	

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 *Shelley F. Zeller Jr*
Licensed Embalmer No. *9950*
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.