THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015427

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2 4028

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3509A BELT — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. — b. COUNTY:
c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 3509A BELT — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First JOANNE — Middle LOUISE — Last MILLER

4. DATE OF DEATH: Month APRIL — Day 23 — Year 1959

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: SEPT 28, 1933

9. AGE (In years last birthday): 25 — 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): CLERK

10b. KIND OF BUSINESS OR INDUSTRY: AUTO AGENCY

11. BIRTHPLACE (City and state or country): ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J L TREAT

14. MOTHER'S MAIDEN NAME: THELMA WATERFIELD

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.: —

17. INFORMANT: ROBERT E MILLER — Address: 3509A BELT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congenital Berry Aneurysm of the middle meningeal artery with massive hemorrhage and necrosis of the left cerebral hemisphere

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 330X

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 _____, to _____ and last saw her/him alive on _____
Death occurred at 905B on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Person or Title): Paul J. Simon, Deputy Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 4/24/59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 4/25/1959

23c. NAME OF CEMETERY OR CREMATORY: FEE FEE CEMETERY

23d. LOCATION (City, town, or county) (State): ST. LOUIS CO., MO.

24. FUNERAL DIRECTOR — ADDRESS: J L ZIEGENHEIN & SONS 7027 GRAVOIS

25. DATE RECD. BY LOCAL REG.: APR 24 '59

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald E. Bu

Licensed Embalmer No.

P. O. Address St Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.