

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015430  
State File No. ....

FILED MAY 8 1959

Registrar's No. 2 3942

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Lemay 4870	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Fitzsim Desloge Hosp</i>		STREET ADDRESS (If rural, give location) 127 Teddy, 25	

3. NAME OF DECEASED (Type or Print) <i>Boy Michael Anthony Miller</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>09 20 '59</i>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <i>B</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>0</i>	8. DATE OF BIRTH <i>09 20 59</i>	9. AGE (In years last birthday) <i>23</i>	IF UNDER 1 YEAR Days <i>6</i>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Joseph Melvin Miller</i>	13b. MOTHER'S MAIDEN NAME <i>Carol Ann Melbourne</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Carol Miller, 127 Teddy, Lemay 25, Mo.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Anoxia</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Respiratory Failure</i> DUE TO (c) <i>Immaturity</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>773.5</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <i>1</i> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *April 20, 1959* to *April 20, 1959*, that I last saw the deceased alive on *April 20, 1959*, and that death occurred at *7:30 P.M.* from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John B. Summers, M.D.</i>	23b. ADDRESS <i>1325 So. Grand.</i>	23c. DATE SIGNED <i>4/20/59</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	24b. DATE <i>4-21-59</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Lemay 23, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>APR 21 59</i>	REGISTRAR'S SIGNATURE <i>Carol Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Southern Funeral Home 6322 S. Grand, St. Louis, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10. 48  
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870

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 not embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 424

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.