

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023597

STATE FILE NUMBER

FILED JUL 3 1959 Registration District No. 217 Primary Registration District No. 541 Registrar's No. 1678

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| 1. PLACE OF DEATH a. COUNTY <i>St. Louis</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Clayton</i> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <i>Clayton</i> 442 nd |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Louis Co. Hosp.</i> | | Length of stay in 1b <i>days</i> | d. STREET ADDRESS (If outside, give location) <i>304 Science Dr.</i> |
| | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <i>Henry</i> Middle <i>Miller</i> Last <i>ing</i> | | | 4. DATE OF DEATH Month <i>June</i> Day <i>22</i> Year <i>1959</i> | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>white</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>Sept. 7, 1880</i> | |
| 9. AGE (In years, last birthday) <i>78</i> | | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours |

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret. Barber</i> | 10b. KIND OF BUSINESS OR INDUSTRY <i>Own Shop.</i> | 11. BIRTHPLACE (City and state or country) <i>Kelso, Missouri</i> | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> |
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| 13a. FATHER'S NAME <i>Henry Miller</i> | 13b. MOTHER'S MAIDEN NAME <i>Anna Schwepker</i> | 14. NAME OF HUSBAND OR WIFE <i>Katherine R. Miller</i> |
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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) <i>NO</i> | 16. SOCIAL SECURITY NO. <i>None</i> | 17. INFORMANT <i>Mrs. Clarence Reiter, Care Girardeau, Mo</i> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary tuberculosis, moderately advanced,</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>6/18/59.</i> |
| DUE TO (b) <i>active</i> | | |
| DUE TO (c) | | <i>6/22/59</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Senile Emphysema</i> | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 |
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| 21. I attended the deceased from <i>6-18-59</i> to <i>6-22-59</i> and last saw ^{him} alive on <i>6-22-59</i> Death occurred at <i>10:26 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE <i>Angelo A. Speno MD.</i> (Degree or title) | 22b. ADDRESS <i>601 S. Brentwood, Clayton</i> | 22c. DATE SIGNED <i>6-22-59</i> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | 23b. DATE <i>6-22-1959</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>St. Augustine Cemet.</i> | 23d. LOCATION (City, town or county) (State) <i>Kelso, Missouri</i> |
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| 24. FUNERAL DIRECTOR <i>Walther's, Care Girardeau, Mo.</i> | 25. DATE RECD. BY LOCAL REG. <i>6-23-59</i> | 26. REGISTRAR'S SIGNATURE <i>John C. Murphy, MD</i> |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

6961 6 707

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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 *Lawrence M. Billo*

Licensed Embalmer No. *4375*
St. Louis 23, Mo.
P. O. Address

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.