

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026961

FILED VS AUG 13 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 7173**

DED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Length of stay in 1b 6 weeks		c. CITY OR TOWN Venice	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri-Pacific				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 919 Fourth Street	
3. NAME OF DECEASED (Type or print) First Middle Last William Reeves Miller				4. DATE OF DEATH Month Day Year August 3 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 April 28, 1885	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Conductor		10b. KIND OF BUSINESS OR INDUSTRY Ret. 7 years		9. AGE (last birthday) 74		9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min. 3 5	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Conductor				11. BIRTHPLACE (City and state or country) Bloomington, Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Louis H. Miller				13b. MOTHER'S MAIDEN NAME Sara Jane Ewing		14. NAME OF HUSBAND OR WIFE Mary	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. unknown		17. INFORMANT Mary E. Miller Address Venice, Illinois	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the lung						INTERVAL BETWEEN ONSET AND DEATH 19 months	
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)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
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 Feb. 1958 to Aug. 1959 and last saw ^{her} him alive on 2 Aug. 1959 Death occurred at 12:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Benjamin H. Cleck, D.O.				22b. ADDRESS Two-Poc-Hope Pl - St Louis		22c. DATE SIGNED 3 Aug. 1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal to Madison, Ill. 8/3/59		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY Lakeview Memorial Gardens, Belleville, Illinois		23d. LOCATION (City, town, or county) Belleville, Illinois	
24. FUNERAL DIRECTOR Francis J. Sakey				25. DATE RECD. BY LOCAL REG. AUG 3 '59		26. REGISTRAR'S SIGNATURE Karl Smith, M.D.	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

S.P.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Francis J. Jan

Licensed Embalmer No. 299

P. O. Address Madison

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.