URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-042257
STATE FILE NUMBER

FILED VS NOV 30 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210617

ENDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Lukes Hospital
Inside Limits: Yes ☐ No ☐

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): 5089 Westminster Pl.
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LAWRENCE Middle G. Last MILLER
4. DATE OF DEATH: Month 11 Day 16 Year 1959
5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-8-1891
9. AGE (last birthday): 67
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stock Broker
10b. KIND OF BUSINESS OR INDUSTRY: Stocks -Bonds
11. BIRTHPLACE (City and state or country): Asheville N.C.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Claudius Miller
13b. MOTHER'S MAIDEN NAME: Lulu Gudger
14. NAME OF HUSBAND OR WIFE: Margaret C.Miler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. # 1&2
16. SOCIAL SECURITY NO.: 490-01-8050
17. INFORMANT: Margaret Miller Address: 5089 Westminster Pl

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute massive antero-septal myocardial infarction
INTERVAL BETWEEN ONSET AND DEATH: 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____
420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic pulmonary emphysema since 1951
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 March 1937, to Nov. 16, 59 and last saw her/him alive on Nov. 16, 1959
Death occurred at 3:10 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: David M. Skilling Jr. (Degree or title): M.D.
22b. ADDRESS: 18 South Kingshighway
22c. DATE SIGNED: 11-17-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11-18-1959
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kirkwood Mo.

24. FUNERAL DIRECTOR ADDRESS: Parker-Aldrich Webster Groves Mo.
25. DATE RECD. BY LOCAL REG.: NOV 17 1959
26. REGISTRAR'S SIGNATURE: Earl Smith M.D. D.C.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Leslie Welch

Signature of Student Embalmer

Licensed Embalmer No. 4395

P. O. Address Webster Groo

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