URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 14 1960

-60-008618

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1596

ENDED

DOCUMENT BY AFFIDAVIT OF Kinney Funeral Home

Received: Fed Mediately to Kinney

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b: Life
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St.John's Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY: St.Louis
c. CITY OR TOWN: Richmond Heights
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1513 Bredell Ave.
Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First Hazel Middle Mary Last Miller

4. DATE OF DEATH: Month February Day 10th. Year 1960

5. SEX: F.

6. COLOR OR RACE: W.

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 3/3/1889

9. AGE (last birthday): 70

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): Bookkeeper-Famous-Barr

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): St.Louis,Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Michael Evoy

13b. MOTHER'S MAIDEN NAME: Mary Shea

14. NAME OF HUSBAND OR WIFE: Mr.John Miller

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.: 488-18-6759

17. INFORMANT: Mr.John Miller, Address: 1513 Bredell Ave.R.H.

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): carcinoid ~~with generalized metastases~~ with generalized metastasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 156.2
INTERVAL BETWEEN ONSET AND DEATH:

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. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 1942 to Feb-9-60 and last saw her/him alive on Feb 9-60

Death occurred at 1:25 am. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Chas. L. Miller (Degree or title) M.D.

22b. ADDRESS: 408 Hemfoedel

22c. DATE SIGNED: FEB 11 1960

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

23b. DATE: Feb.13,1960

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis,Missouri

24. FUNERAL DIRECTOR: Arthur J. Donnelly ADDRESS: 10 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: FEB 11 1960

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

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Francis Williams

Signature of Student Embalmer

Licensed Embalmer No. 356

P. O. Address 3840 Lu

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