

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-017907**

**FILED VS MAY 6 1960**

**317**

Primary Registration District No. **500**

Registrar's No. **1385**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fenton</b>		c. CITY OR TOWN <b>House Springs Missouri</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Fieser Nursing Home</b>		d. STREET ADDRESS (If outside, give location) <b>Box 73 RR 2 House Springs</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Louis</b> Middle <b>M</b> Last <b>Miller</b>			4. DATE OF DEATH Month <b>April</b> Day <b>25</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/24/67</b>	9. AGE (last birthday) <b>93</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Painting</b>	11. BIRTHPLACE (City and state or country) <b>St Louis Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U S</b>
13a. FATHER'S NAME <b>Joseph C Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Magdalena Gander</b>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>unk.</b>	17. INFORMANT <b>Joseph Miller</b>	Address <b>High Ridge</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Acute Congestive Heart Failure</b>		<b>48 hrs.</b>
DUE TO (b) <b>Advanced Atherosclerosis</b>		
DUE TO (c) <b>Septicemia</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hip Pinned 4/6/60</b>		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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <b>High Ridge, Mo.</b>	COUNTY	STATE
21. I attended the deceased from <b>1/8/60</b> to <b>4/15/60</b> and last saw him alive on <b>4/15/60</b> Death occurred at <b>7:15 A.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <b>June L. Schatzmann D.O.</b>	22b. ADDRESS <b>High Ridge, Mo.</b>	22c. DATE SIGNED <b>4/25/60</b>	
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <b>CREMATION</b>	23b. DATE <b>4/28/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>S S Peter &amp; Paul Cem</b>	23d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>

24. FUNERAL DIRECTOR <b>Moydell Funeral Home 1926 Allen</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>4-27-60</b>	26. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Shelley A. Jaellen Jr*

Licensed Embalmer No. 4950

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.