

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021296

FILED VS. MAY 25 1960

318

Primary Registration District No.

1003

Registrar's No.

5222

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 65 yrs		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Flower Conv. Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4167 Miami Street			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANK Middle Last MILLER				4. DATE OF DEATH Month May Day 16 Year 1960			
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 3/21/1873	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) moulder			10b. KIND OF BUSINESS OR INDUSTRY Foundry		11. BIRTHPLACE (City and state or country) Austria		12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Frank Miller			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Henrietta Boening	
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. 492-07-9429		17. INFORMANT Address Mrs. Henrietta Miller, 4167 Miami St.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac insufficiency						INTERVAL BETWEEN ONSET AND DEATH 2 years	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease						3 1/2 years	
DUE TO (c) 420.0							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Concephalopathy due to multiple cerebral thromboses						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 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 Month, Day, Year a.m. p.m.	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 February 22, 1957 , to May 16, 1960 and last saw ^{her} him alive on May 12, 1960 Death occurred at 1:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John T. Lantieri, M.D.				22b. ADDRESS 634 N. Grand Blvd		22c. DATE SIGNED May 17, 1960 (date)	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 18, 1960	23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery		23d. LOCATION (City, town, or county) St. Louis, Missouri		
24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC. 1936 St. Louis Ave				25. DATE RECD. BY LOCAL REG. MAY 18 1960		26. REGISTRAR'S SIGNATURE Loan Smith, M.D. msb	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. J. T. Lawton,
Mo. Thirte Bldg.
JE 3-3076

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 Homer W. Dri

Licensed Embalmer No. 388

P. O. Address St. Lou

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