

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 20 1960

-60-025414
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1809

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST LOUIS</u>		Length of stay in 1b <u>10 Years</u>	c. CITY OR TOWN <u>ST LOUIS Co</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2743 N. Hanley Rd.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2743 N. Hanley Rd.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ida Middle Belle Last Million

4. DATE OF DEATH Month June Day 10 Year 1960

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-29-75</u>	9. AGE (last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nursing</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Practical Nurse</u>	11. BIRTHPLACE (City and state or country) <u>Harrison Co., Ky.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME Thomas Million 13b. MOTHER'S MAIDEN NAME Martha Coghill 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. 492-36-3565 17. INFORMANT Address Tressie Million, 2743 N. Hanley Rd.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:

PART I. IMMEDIATE CAUSE (a) Myocarditis (Chronic) DUE TO (b) _____ DUE TO (c) _____

Conditions, if any, which gave rise to above cause (a), stating the underlying cause (last).

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 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 _____ 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 Jan. 9 - 1959 to June 10 - 60 and last saw her alive on June 10 - 60
Death occurred at 11:00 PM - 1960 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. E. Sterling MD 22b. ADDRESS 8105 Page Blvd, St Louis 30 Mo 22c. DATE SIGNED 6-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE June 13, 1960 23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, County

24. FUNERAL DIRECTOR ADDRESS Shepard Funeral Home, 1167 Hamilton Ave. 25. DATE RECD. BY LOCAL REG. 6-11-60 26. REGISTRAR'S SIGNATURE John E. Murphy M.D.

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

Lamine O. Herby

Licensed Embalmer No. 4972

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.