RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ILED VS/JAN 5 1961 — Registration District No. 317 — Primary Registration District No. 541 — Registrar's No. 3709 — 60-048174 STATE FILE NUMBER

NDED

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. — b. COUNTY: St. Louis
c. CITY OR TOWN: Webster Groves — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 571 Westborough Pl. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First / Middle / Last: JAMES BENJAMIN MILLER, JR.

4. DATE OF DEATH Month / Day / Year: Dec. 22, 1960

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/19/1906
9. AGE (last birthday): 54
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): Sales
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (City and state or country): Jackson, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James B. Miller
13b. MOTHER'S MAIDEN NAME: Nona Ford
14. NAME OF HUSBAND OR WIFE: Marion 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.: 490-32-1177
17. INFORMANT / Address: Mrs.J.B.Miller, 571 Westborough 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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary atherosclerosis — 20 yrs
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Had previous myocardial infarction 1944

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~~ Death: Hour 10:30 a.m. p.m. — Month, Day, Year: 12-22-60

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 1941, to Dec. 22-1960 and last saw ~~her~~ him alive on Dec. 21-1960
Death occurred at 10:30 Pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. R. Beasley (Degree or title) M.D.
22b. ADDRESS: #16 Harrington Village Plaza
22c. DATE SIGNED: 12/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/23/1960
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.: 12-24-60
26. REGISTRAR'S SIGNATURE: [illegible] M.D.

(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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Leslie Welch

Licensed Embalmer No. 43

P. O. Address Webster S

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