MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-015974
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1030

FILED APR 24 1961

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Koch — Length of stay in 1b: 182 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rob't. Koch 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: St. Louis — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): ? — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Kellum Middle: Last: Miller
4. DATE OF DEATH: Month: 3 Day: 13 Year: 61
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1-1-88
9. AGE (last birthday): 73 — 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): ?
10b. KIND OF BUSINESS OR INDUSTRY: ?
11. BIRTHPLACE (City and state or country): St. Louis
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: W. H. Miller
13b. MOTHER'S MAIDEN NAME: Sadie O'Donnell
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)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT: Rob't. Koch Hosp.; Address: Koch, Mo.

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) Carcinoma of the Colon with metastasis to the Lungs & chest wall — INTERVAL BETWEEN ONSET AND DEATH: 4 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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 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 9-13-60, to 3-13-61 and last saw her/him alive on 3-13-61
Death occurred at 11 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Bernard Fudman, M.D.
22b. ADDRESS: Robt. Koch Hospital; Koch, Mo.
22c. DATE SIGNED: 3-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Anatomical
23b. DATE: 1961
23c. NAME OF CEMETERY OR CREMATORY: Anatomical
23d. LOCATION (City, town, or county) (State): St. Louis Mo

24. FUNERAL DIRECTOR: Rowland-Aker Mortuary Service
ADDRESS: 4104 Manchester Ave. St. Louis 10, Mo
25. DATE RECD. BY LOCAL REG.: 4-14-61
26. REGISTRAR'S SIGNATURE: John C. Murphy MD

(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 me, or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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.