

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-031382  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1264

AMENDED

FILED AUG 28 1961

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>                     |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Manchester, R.#1</b>   |   | Length of stay in lb<br><b>year</b>   | c. CITY OR TOWN <b>Webster Groves</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Mari de Villa Ret. Ctr.</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>330 W. Lockwood Ave.</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>PERCY JAMES MILLER</b>  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>Aug. 9, 1961</b>   |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>5/4/1874</b>   |
| 9. AGE (last birthday)<br><b>87</b>  |   | IF UNDER 1 YEAR<br>Months Days  | IF UNDER 24 HR<br>Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Importer</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Ltd. Thos Harper, Sons</b>  | 11. BIRTHPLACE (City and state of country)<br><b>England</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   | 13a. FATHER'S NAME<br><b>James Miller</b>   |   |
| 13b. MOTHER'S MAIDEN NAME<br><b>Lucy Blakeway</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Gertrude Louise Miller</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 17. INFORMANT Address<br><b>Mrs. Wm. B. Carter, 669 Locksley, W.G. Mo.</b>  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>BRONCHO PNEUMONIA</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>8 DAYS</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>GENERALIZED ARTERIO SCLEROSIS</b>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour Month, Day, Year<br>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 <b>ABOUT 7-60</b> to <b>8-9-61</b> and last saw her/him alive on <b>8-7-61</b><br>Death occurred at <b>4:10 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>P. J. [Signature] M.D.</b>  |   | 22b. ADDRESS<br><b>950 Francis Place, Clayton 5 Mo</b>  | 22c. DATE SIGNED<br><b>8-9-61</b>   |
| 23. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>8/11/1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Oak Hill Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Kirkwood, Mo.</b>   |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Parker-Aldrich, Webster Groves, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>8-10-61</b>  | 26. REGISTRAR'S SIGNATURE<br><b>[Signature]</b>   |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961  
SEP 13 1961

James Miller  
 Importer  
 1230 W. Woodwood Ave.  
 St. Louis, Mo.  
 Percy James Miller  
 Student Embalmer No. 4395  
 Working under my personal supervision.  
 The body is not embalmed, fact should be so stated above.

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

Signed Lucie Welch

Licensed Embalmer No. 4395  
 P. O. Address Webster Groves

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.