

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1962

-61-046642

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 12009

STATE FILE NUMBER

AMENDED

STATE AMENDED

INSTEAD OF

FORM NO. 1 SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. Louis</b>		Length of stay in 1b		c. CITY OR TOWN <b>ST. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1330 N. SARAH.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1330 N. SARAH</b>	
3. NAME OF DECEASED (Type or print) <b>Arthur Miller</b>			4. DATE OF DEATH Month <b>12</b> - Day <b>18</b> - Year <b>61</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>Colored</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/2/47</b>	9. AGE (last birthday) <b>14</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>ST. Louis, MO</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Julius Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Lou ollie Moore</b>	
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) <b>No</b>			
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Georgia Russell-227. Mercham</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carbon Monoxide poisoning;</b> DUE TO (b) <b>When found dead in home, about 12<sup>th</sup> - 8.m. Dec 18, 1961</b> DUE TO (c) <b>As a result of deflection heater (flue)</b> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		890.0-15			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>See above</b>			
20c. TIME OF INJURY Hour <b>12<sup>th</sup></b> a.m. p.m. Month, Day, Year <b>12-18-61</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
20f. CITY, TOWN, OR LOCATION <b>St. Louis, Mo</b>		COUNTY		STATE	
21. I attended the deceased from <b>130 P</b> to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Arthur Miller</b>		(Degree or title)		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>12-21-61</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>12/23/61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>FATHER DICKSON</b>	
23d. LOCATION (City, town, or county) <b>ST. Louis Co. Mo.</b>		23e. (State)			
24. FUNERAL DIRECTOR <b>W. ROBINSON &amp; SONS</b>		ADDRESS <b>2911 FRANKLIN</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 22 1961</b>	
26. REGISTRAR'S SIGNATURE <b>Lead Smith, M.D.</b>					

**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 Not Embalmed Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

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

Signed Willie Johnson

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.