# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-016449
STATE FILE NUMBER

Registration District No. 510 Primary Registration District No. 3058 Registrar's No. 112

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

FILED MAY 3 1962

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles — Length of stay in 1b: 8 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Carmelite Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Charles
c. CITY OR TOWN St. Paul — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) OFallon, R.R. 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First FRANCIS Middle — Last MILLER
4. DATE OF DEATH: Month April Day 21, Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/20/1882
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months 1, Days 1 — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties
10b. KIND OF BUSINESS OR INDUSTRY: House work
11. BIRTHPLACE (City and state or country): Josephville, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Adolph Rothermich
13b. MOTHER'S MAIDEN NAME: Elizabeth Wilmes
14. NAME OF HUSBAND OR WIFE: Frank 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.: None
17. INFORMANT: Anthony F. Miller, 7410 Christopher St. Louis 29, Mo. (Address)

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease, advanced — INTERVAL BETWEEN ONSET AND DEATH: many years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Generalized atherosclerosis, advanced.
DUE TO (c) Senility, advanced. — 11
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 past five years to 9/30 and last saw her/him alive on April 7, 1962
Death occurred at April 21, 1962 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gerald A. Yaeger (Degree or title) M.D.
22b. ADDRESS 304 So. 2nd St. Charles, Mo
22c. DATE SIGNED 4/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 4/24/1962
23c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery
23d. LOCATION (City, town, or county) (State) St. Paul, Missouri

24. FUNERAL DIRECTOR T.J. Pitman ADDRESS 909 Pitman Ave. Wentzville, Missouri
25. DATE REC'D BY LOCAL REG. 4/21/62
26. REGISTRAR'S SIGNATURE Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 10 | 928 | | |
| 20 | 920, | | |
| 3 | | | |
| 4 | 1 | | |
| 5 | 2 | | |
| 6 | | | |
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| 9 | 4200 | | |
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| 12 | 86 0 | | |
| 13 | 4-0 | | |

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MEDICAL CERTIFICATION

**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 Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.