

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004585

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 32

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED JAN 29 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <b>St. Louis</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ferguson</b>	a. STATE <b>Missouri</b> COUNTY
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hilltop House</b>	c. CITY OR TOWN <b>St. Louis</b>
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6065 Emma Avenue</b>
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED	
First <b>EDWARD</b>	Middle <b>A.</b>
Last <b>MILLER (Mitulski)</b>	4. DATE OF DEATH
Month <b>Jan.</b>	
Day <b>3,</b>	
Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-2-1900</b>
9. AGE (last birthday) <b>62</b>	IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.	10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <b>Machinist</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	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>Theresa Miller</b>	14. NAME OF HUSBAND OR WIFE <b>Thresa Miller</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>	17. INFORMANT <b>45 Thresa Miller 6065 Emma Avenue.</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>Cerebral Thrombosis</b>	
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) <b>Previous hemiplegia</b>	
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	
19. WAS AUTOPSY PERFORMED? 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 Hour 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>Dec 3-1961</b> to <b>Jan 3-1963</b> and last saw him alive on <b>Jan 3-1963</b> Death occurred at <b>3:15P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>John G. McJannet</b> (Degree or title)	22b. ADDRESS <b>5014 Thekla Av</b>
22c. DATE <b>1/4/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>5 Jan 63</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis, Missouri</b>
24. FUNERAL DIRECTOR <b>JOHN STYGAR &amp; SON = 5541 RIVERVIEW BLVD.</b>	25. DATE RECD. BY LOCAL REG. <b>1-4-63</b>
26. REGISTRAR'S SIGNATURE <b>John B. Murphy M.D.</b>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 *J. W. Ruster*

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo.

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.