

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42773
10784
Registrar's No.

BIRTH NO. #93034 REG. DIST. NO. 318 PRIMARY REG. DIST. 1003

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>		d. STREET (If rural, give location) <u>1619 So. Broadway</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>MILLER</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13th, 1949</u>			
5. SEX <u>M</u> <u>W</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>D</u>	8. DATE OF BIRTH <u>Jan. 8, 1884</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bartender</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Carl Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Prusha</u>		
14. NAME OF HUSBAND OR WIFE <u>Mary</u>		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'S SIGNATURE OR NAME <u>Jennie Lassauer</u>		ADDRESS <u>4128 West Pine Bl.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular-accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u>		21d. HOW DID INJURY OCCUR <u>331X</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>12/2/49</u> , to <u>12/13/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12/13/49</u> , and that death occurred at <u>9:00 AM</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Owen Bailey</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1515 Lafayette Ave.</u>		
23c. DATE SIGNED <u>12/13/49</u>		24a. BURNIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-15-49</u>		
24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>				
DATE REC'D BY LOCAL <u>DEC 15 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassauer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>AW McLaughlin</u>		
				ADDRESS <u>2301 Lafayette Ave.</u>		

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
Student Embalmer

Signed C W Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette A

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 this body is not embalmed, fact should be so stated above.