

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

11514

State File No. 842  
 Registrar's No. 842

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Pattonville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Pattonville</b>	
c. LENGTH OF STAY (In this place) <b>3 yrs</b>		7. OR TOWN <b>Pattonville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>22 Midview</b>		d. STREET ADDRESS (If rural, give location) <b>22 Midview</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b> b. (Middle) _____ c. (Last) <b>Miller</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 30 1950</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 20 1869</b>
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (State or foreign country) <b>Paris Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13. FATHER'S NAME <b>James T Moss</b>	
13b. MOTHER'S MAIDEN NAME <b>Florence Ross</b>		14. NAME OF HUSBAND OR WIFE <b>Adelmore 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</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Carl Major</b>
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tumor of uterus, type unknown 10 yrs</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>1 mo.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Renal failure</b>	
19c. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <b>20 June, 1949</b> , to <b>30 Mar, 1950</b> , that I last saw the deceased alive on <b>30 Mar, 1950</b> , and that death occurred at <b>9 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. B. Holden</b>		(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3720 Washington, S.W.</b>
23c. DATE SIGNED <b>3/1/50</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24a. DATE <b>April 1 1950</b>	24b. NAME OF CEMETERY OR CREMATORY <b>Paris Cemetery</b>	24c. LOCATION (City, town, or county) (State) <b>Paris Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-1-50</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Doube</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Spud + Blakely</b>
		ADDRESS <b>Paris Mo.</b>	

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

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**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 Arthur C. Bane

Licensed Embalmer No. 314-5

P. O. Address St Charles 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 this body is not embalmed, fact should be so stated above.