

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21822**  
Registrar's No. **5848**

FILED JUL 13 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 OR TOWN <b>St. Louis Mo</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>St. Louis</b>	<b>2269</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2005 Angelrodt</b>		d. STREET ADDRESS (If rural, give location) <b>2005 Angelrodt 0</b>	

3. NAME OF DECEASED (Type or Print)		a. (First) <b>John</b>	b. (Middle) <b>L</b>	c. (Last) <b>Miller Jr</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>7 4 1950</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>1-14-1885</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Superintendent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Ill. Power Co</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S</b>			

13a. FATHER'S NAME <b>John L. Miller Sr</b>	13b. MOTHER'S MAIDEN NAME <b>Minnie Flynn</b>	14. NAME OF HUSBAND OR WIFE <b>Clara Miller</b>
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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>333-03-2185</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clara Miller</b>	ADDRESS <b>2005 Angelrodt</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Hypertensive Cardiovascular Disease</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>(Rt cerebral apoplexy)</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? <b>HH3X</b>
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22. I hereby certify that I attended the deceased from **June 4, 1950**, to **July 4, 1950**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **12 noon**, from the causes and on the date stated above.

23a. SIGNATURE <b>Albert J. Magerand</b>	(Degree or title)	23b. ADDRESS <b>2739 No Grand</b>	23c. DATE SIGNED <b>7-6-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 7, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>
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DATE REC'D BY LOCAL REG. <b>Jul 6 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Edw Rodt + Son</b>	ADDRESS <b>3516 E. 14th</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Frank*

**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 *J. Allen Davis*

Licensed Embalmer No. *4058*

P. O. Address *Sh. L.*

**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.