

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35133

8246

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) OR 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips Hospital				e. STREET ADDRESS (If rural, give location) 2225 Delmar				6	
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) _____			c. (Last) MILLER			
4. DATE OF DEATH (Month) (Day) (Year) Sept. 27 1950			5. SEX <input checked="" type="checkbox"/> Male			6. COLOR OR RACE Negro			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Approx. June 1, 1874			9. AGE (In years last birthday) 76			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Unemployed			11. BIRTHPLACE (State or foreign country) Mississippi			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE Mary Miller			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. Unknown			
17. INFORMANT'S SIGNATURE OR NAME Damon Miller			ADDRESS Lovejoy, Ill.			18. CAUSE OF DEATH			
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, asthma, 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) _____			ANTECEDENT CAUSES						
DUE TO (b) Cerebral Hemorrhage			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS						
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS 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? 331-X			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1107 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE [Signature]			23b. ADDRESS 1300 Clark			23c. DATE SIGNED 9/30/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal			24b. DATE Sept. 30, 1950			24c. NAME OF CEMETERY OR CREMATORY East St. Louis Illinois			
24d. LOCATION (City, town, or county) (State) _____			DATE REC'D BY LOCAL REG. SEP 30 1950			REGISTRAR'S SIGNATURE J. B. Lasater			
25. FUNERAL DIRECTOR'S SIGNATURE J. L. Marshall			ADDRESS E. St. Louis, Ill.						

(Licensed Embalmer's Statement on Reverse Side)

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

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 XXX

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thomas M. Labron

Licensed Embalmer No. 4479

P. O. Address St. Louis, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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