

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10337**  
Registrar's No. **2370**

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>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>906a Lami</b>		d. STREET ADDRESS (If rural, give location) <b>23 906a Lami</b>	

3. NAME OF DECEASED (Type or Print) <b>William</b>		a. (First) <b>William</b>	b. (Middle) <b>V.</b>	c. (Last) <b>Miller Sr</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar II 1952</b>	
---	--	---------------------------	-----------------------	----------------------------	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Aug 28 1885</b>	9. AGE (In years last birthday) <b>66</b>	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
-----------------------	----------------------------------	--	--	--	------------	----------	-----------	----------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>-Shoe Worker Inter Shoe Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY?	
---	--	--	--	--	--	------------------------------	--

13a. FATHER'S NAME <b>John Miller</b>		13b. MOTHER'S MAIDEN NAME <b>Not Known</b>		14. NAME OF HUSBAND OR WIFE <b>Alma (Deceased)</b>	
--	--	---	--	---	--

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 <b>Wm. Miller Jr 906a Lami</b>		ADDRESS	
--	--	-------------------------	--	---	--	---------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY THROMBOSIS</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC CARDIAC DISEASE</b>				<b>15 MIN?</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>CARDIAC ASTHMA</b>				<b>5 YRS</b>	

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)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>H2O</b>	
--	--	--	--	--	--

22. I hereby certify that I attended the deceased from **APRIL 10, 1945**, to **MARCH 11, 1952**, that I last saw the deceased alive on **FEB 8, 1952**, and that death occurred at **3:30A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edward J. Canapa, M.D.</b>		23b. ADDRESS <b>2202 So. Broadway St. Lami, Mo.</b>		23c. DATE SIGNED <b>3/12/52</b>	
---	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-13-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Matthews Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
--	--	-----------------------------	--	--	--	---	--

DATE REC'D BY LOCAL REG. <b>MAR 13 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Schumacher 3013 Meramec</b>		ADDRESS	
--	--	--	--	--	--	---------	--

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Jack Haupt

Signed .....  
Student Embalmer

Licensed Embalmer No. 4746

P. O. Address St Louis

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.