

STANDARD CERTIFICATE OF DEATH

14008

State File No.

APR 25 1952

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3474

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place) <i>15 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		<i>2059</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>#10 Thornby Pl</i>				d. STREET ADDRESS (If rural, give location) <i>#10 Thornby Pl</i>			
3. NAME OF DECEASED a. (First) <i>Monica</i> (Type or Print)			b. (Middle) <i>Miller</i>		c. (Last) <i>Amthor</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 14, 1952</i>
5. SEX <i>F</i>	6. COLOR OR RACE <i>Wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>June 23 1892</i>		9. AGE (In years last birthday) <i>59</i>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Barnes Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Doug N. Miller</i>			13b. MOTHER'S MAIDEN NAME <i>America Cook</i>		14. NAME OF HUSBAND OR WIFE <i>Zed Amthor</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>for Showmiller #10 Thornby Pl</i>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 hrs</i>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Sclerosis</i>				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>acute atherosclerosis</i>							
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>None</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>		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 <i>4201</i>			
22. I hereby certify that I attended the deceased from <i>Mar 1, 1952</i> , to <i>April 14, 1952</i> , that I last saw the deceased alive on <i>April 13, 1952</i> , and that death occurred at <i>5</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Showmiller M.D.</i>				23b. ADDRESS <i>10 Thornby Pl</i>		23c. DATE SIGNED <i>4/14/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>4/15/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Linnell Cem</i>		24d. LOCATION (City, town, or county) (State) <i>China, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>APR 15 1952</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>			
				ADDRESS <i>6175 Belmont</i>			

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Jos. E. McCulloch

Signed.....
Student Embalmer

Licensed Embalmer No. 2460

P. O. Address 617 9th Ave

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.