

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18324

State File No. _____

LED MAY 19 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3998**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 6 DAYS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAXVILLE - ROCK TOWNSHIP	
		d. STREET ADDRESS (If rural, give location) 050,0	
3. NAME OF DECEASED a. (First) JOHN b. (Middle) F. c. (Last) MILLER			4. DATE OF DEATH (Month) (Day) (Year) APR. 26 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 9 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST		10b. KIND OF BUSINESS OR INDUSTRY MACHINIST	9. AGE (In years) 67 <small>if under 1 year last birthday</small> 0 <small>Months</small> 17 <small>Days</small> 0 <small>Hours</small> 0 <small>Mins.</small>
11. BIRTHPLACE (State or foreign country) KIMMSWICK MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FRED MILLER		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. 498-07-5803	17. INFORMANT'S SIGNATURE OR NAME MARY MILLER ARNOLD
		ADDRESS MO	
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) mesenteric thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with gangrene of bowel. DUE TO (c) Chc. C. cholecystitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio sclerotic heart disease 2 yrs.	
19a. DATE OF OPERATION 4-22-52		19b. MAJOR FINDINGS OF OPERATION as above	
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? 385X	
22. I hereby certify that I attended the deceased from Apr 20, 1952 , to Apr 26, 1952 , that I last saw the deceased alive on Apr 26, 1952 and that death occurred at 10:30 m. , from the causes and on the date stated above.			
23a. SIGNATURE George A. O'Sullivan, M.D.		23b. ADDRESS 521 N. Schurmer	
		23c. DATE SIGNED 4-28-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR. 29 1952	24c. NAME OF CEMETERY OR CREMATORY BECK LUTHERAN	24d. LOCATION (City, town, or county) (State) BECK MO
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 29 1952 J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE HEILIGTAG FUNERAL HOME IMPERIAL MO		

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

FEB 26 1953
MAR 3 1953

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

Elmer A. Heligter

Licensed Embalmer No. 3571

P. O. Address.....

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.