

STANDARD CERTIFICATE OF DEATH

FILED JUN 27 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN St. Louis c. LENGTH OF STAY d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital 21

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY c. CITY OR TOWN St. Louis 2219 d. STREET ADDRESS 3039 & Franklin 8

3. NAME OF DECEASED a. (First) Amos b. (Middle) Miller c. (Last) Miller 4. DATE OF DEATH (Month) (Day) (Year) June 2 1952

5. SEX Male 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed 8. DATE OF BIRTH Nov. 16, 1884 9. AGE (In years last birthday) 87

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and State or Foreign Country) Mississippi 12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Amos Miller 13b. MOTHER'S MAIDEN NAME Alice ? 14. NAME OF HUSBAND OR WIFE none

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. 494-01-8657 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sallie B. Jones, 3039a Franklin Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pituitary Tumor (b) Undetermined (c) None II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO [ ]

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 [ ] NOT WHILE AT WORK [ ] 21f. HOW DID INJURY OCCUR? 224X

22. I hereby certify that I attended the deceased from 5-3-52, to 6-2-52, that I last saw the deceased alive on 6-2-52, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

22a. SIGNATURE: J. Carson Whittier M. D. (Degree or title) 23b. ADDRESS 2601 N Whittier St 23c. DATE SIGNED 6-3-52

24a. BURIAL, CREMATION, REMOVAL Removal 24b. DATE 6-7-1952 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL JUN 4 1952 REGISTRAR'S SIGNATURE J. Carson Whittier M. D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.J. Baker & Son Funeral Home

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldine

**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.