

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26413**

FILED JUL 22 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **6626**

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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 6626 | |
| 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 town) OR TOWN ST. LOUIS | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2199 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital | | | | d. STREET ADDRESS (If rural, give location) 19 3601 Lindell Blvd | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JOSEPHINE | | b. (Middle) Miller | | c. (Last) TIFFIN. | | 4. DATE OF DEATH (Month) (Day) (Year) 7-8-1952 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | | 8. DATE OF BIRTH Sept. 2, 1870 | |
| 9. AGE (In years last birthday) 81 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | | 10b. KIND OF BUSINESS OR INDUSTRY At home | | 9. AGE (In years last birthday) 81 | |
| 11. BIRTHPLACE (City and State or Foreign Country) Montgomery City, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Joseph Miller. | | 13b. MOTHER'S MAIDEN NAME Margaret Pegrarn. | |
| 13c. NAME OF HUSBAND OR WIFE Frank Tiffin. | | 14. NAME OF HUSBAND OR WIFE Frank Tiffin. | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Miss. Shirley M. Tiffin; Birmingham, Ala. | | 17. INFORMANT'S SIGNATURE OR NAME Miss. Shirley M. Tiffin; Birmingham, Ala. | | 17. INFORMANT'S SIGNATURE OR NAME Miss. Shirley M. Tiffin; Birmingham, Ala. | | 17. INFORMANT'S SIGNATURE OR NAME Miss. Shirley M. Tiffin; Birmingham, Ala. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH one week | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy | | ANTECEDENT CAUSES Chronic Hypertension Heart disease | | | | DUE TO (b) _____ | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) _____ | | | | 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) _____ | | 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? 443XY | | | |
| 22. I hereby certify that I attended the deceased from June 5, 1952 , to July 8, 1952 , that I last saw the deceased alive on July 8, 1952 , and that death occurred at 9 A.M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) A M Drank | | | | 23b. ADDRESS 3201 Grand | | 23c. DATE SIGNED 7-8-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 7-10-1952 | | 24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | |
| DATE REC'D BY LOCAL REG. JUL 8 1952 | | REGISTRAR'S SIGNATURE H. Cash | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lutton & Sons; 7233 Delmar Blvd | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

June 10

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.