

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30245

FILED AUG 20 1953

State File No. _____
Registrar's No. **7256**

BIRTH NO. _____ REG. DIST. NO. **818** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis) c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, d. STREET ADDRESS (If rural, give location) 4526a N. Broadway	
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3. NAME OF DECEASED a. (First) Charles (Type or Print)	b. (Middle) _____	c. (Last) Miller	4. DATE OF DEATH (Month) (Day) (Year) July 24, 1953
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 4 1890	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY City Work House		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Albert Miller	13b. MOTHER'S MAIDEN NAME Emma Wilken	14. NAME OF HUSBAND OR WIFE Veronica Miller
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No. none	16. SOCIAL SECURITY NO. 91-14-6321	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. V. Miller 4526a N. Broadway	
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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) Carcinoma of Pancreas with metastasis; while ANTECEDENT CAUSES undergoing operation for carcinoma at De Paul Hosp July 24 1953 about 9:30 am DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH _____
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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? 157X

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **9:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Walter Perry Deputy Coroner 3</i>	23b. ADDRESS 1306 Clark	23c. DATE SIGNED 7/27/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 28, 1953	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. JUL 27 1953	REGISTRAR'S SIGNATURE <i>J. Carl Smith No. 2188</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Central Funeral Home 5541 Riverview
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Bert J. [Signature]

Licensed Embalmer No. 436

P. O. Address [Signature]

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.