FILED OCT 2 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. 34612

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2378

1. PLACE OF DEATH

a. COUNTY: St. Louis

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chesterfield

c. LENGTH OF STAY (in this place): 1 Year

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clarkson Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: St. Louis

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chesterfield 474 0

d. STREET ADDRESS (If rural, give location): Clarkson Road

3. NAME OF DECEASED (Type or Print)

a. (First): Harriet

b. (Middle): Ann

c. (Last): Donnell

4. DATE OF DEATH (Month) 9 (Day) 4 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/14/1906

9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months 0, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Chas. W. Miller

13b. MOTHER'S MAIDEN NAME: Harriet Gallagher

14. NAME OF HUSBAND OR WIFE: Winston E. Donnell

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 ADDRESS: Winston E. Donnell Clarkson Road

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Thyroid toxicosis

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: years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 2520

20. AUTOPSY? YES ☐ 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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/4/53, 19__, *to* 9/4/53, 19__, *that I last saw the deceased alive on* April 53, 19__, *and that death occurred at* 5.30 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas W Miller M.D.

23b. ADDRESS: 539 N Grand Ave

23c. DATE SIGNED: 9/4/53

24a. BURIAL, CREMATION, REMOVAL (Specify): [redacted] REMOVAL

24b. DATE: 9/7/53

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: 9/5/53

REGISTRAR'S SIGNATURE: Herbert R. Domke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ambruster Mortuary 6633 Clayton Road

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 1994

P. O. Address.....

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

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