

FILED JUL 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20974**
Registrar's No. **5674**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 20974		Registrar's No. 5674					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri b. COUNTY St. Louis									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) 2 months		c. CITY OR TOWN Maplewood			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				e. STREET ADDRESS (If rural, give location) 2240 Yale Ave.									
3. NAME OF DECEASED (Type or Print) Katie			a. (First) _____		b. (Middle) E		c. (Last) Miller		4. DATE OF DEATH (Month) (Day) (Year) June 24th 1954				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec 11th 1868		9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 6 Days 13	IF UNDER 1 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 (City and State or Foreign Country) Winfield Missouri			12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Frank Birkhead			13b. MOTHER'S MAIDEN NAME Susan Oberall			14. NAME OF HUSBAND OR WIFE (late) Charles Miller							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nancy Finley 2475 Hartland, Overland, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Left Hip;		Generalized Arteriosclerosis;									
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) suffered in fall at home									
		II. OTHER SIGNIFICANT CONDITIONS all April 29th 1954		DUE TO (c) _____									
		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Accident				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, school, street, office, etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Maplewood Mo.									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 27 54		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 400 E9040									
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 6:45A m., from the causes and on the date stated above. 21													
23a. SIGNATURE Patrick C. Taylor Carver (Degree or title) _____				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 6-24-54					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-27-54		24c. NAME OF CEMETERY OR CREMATORY Salem Church Cemetery		24d. LOCATION (City, town, or county) (State) Winfield, Missouri							
DATE REC'D BY LOCAL REG. JUN 24 1954		REGISTRAR'S SIGNATURE J. Carl Smith mo				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.							

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 402

P. O. Address Maple

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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