

FILED MAR 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6356

318

1003

State File No. ....

1177

BIRTH NO. <u>10969-55</u>		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u>				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland 14 423x</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2737 Wismer Rd.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)			
						4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28, 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		8. DATE OF BIRTH <u>Jan. 28, 1955</u>			
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 2 HRS.					
		Months		Days		Hours Min.			
				<u>1</u>		<u>24</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. 0</u>			
12. CITIZEN OF WHAT COUNTRY?									
13a. FATHER'S NAME <u>Ralph Miller</u>				13b. MOTHER'S MAIDEN NAME <u>Beartice Nellie Stepp</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph Miller 2737 Wismer Rd.</u>			
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>				ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
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? <u>776x</u>					
22. I hereby certify that I attended the deceased from <u>1-28, 1955</u> , to <u>1-28, 1955</u> , that I last saw the deceased alive on <u>1-28, 1955</u> , and that death occurred at <u>10:55</u> a.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>George Austey M.D.</u>				23b. ADDRESS <u>04660 Maryland</u>		23c. DATE SIGNED <u>1-29-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-28-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>FFB 8 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kowland-Aker Mortuary Services</u> 4404 Manchester Ave. St. Louis 10, Mo.					

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

<sup>b</sup>  
**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.