

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35002

FILED NOV 15 1955

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State File No.
Registrar's No. **9361**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No. 9361				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY								
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 6yr10mo25da		c. CITY OR TOWN St. Louis		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 St. Louis Chronic Hospital				e. STREET ADDRESS (If rural, give location) 17 3952 Lafayette Ave.								
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle)			c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) 10 25 1955			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-1-1884		9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Charles Miller				13b. MOTHER'S MAIDEN NAME Elizabeth Hanlon				14. NAME OF HUSBAND OR WIFE Mrs. Stella Miller				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. unk		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Stella Miller 3952 Lafayette						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												
MEDICAL CERTIFICATION												
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia								INTERVAL BETWEEN ONSET AND DEATH 1 day				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.												
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. Arteriosclerotic Heart Disease								years				
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?						
22. I hereby certify that I attended the deceased from Nov. 30, 1948 , to 10-25, 1955 , that I last saw the deceased alive on Oct. 25, 1955 , and that death occurred at 2:40 P.M. , from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) George M. Tanaka, M.D.						23b. ADDRESS 5600 Arsenal			23c. DATE SIGNED 10/25/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Oct 26		24c. NAME OF CEMETERY OR CREMATORY PALMERY		24d. LOCATION (City, town, or county) (State) ST LOUIS MO						
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 27 1955		REGISTRAR'S SIGNATURE J. Carl Smith				25. FUNERAL DIRECTOR'S SIGNATURE Joe. H. Howard		ADDRESS 1619 S. Grand				

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 *G. W. Wilkinson*.....

Licensed Embalmer No. *357*.....

P. O. Address *St. Louis*.....

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.