

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

(State File No. **35005**)  
Registrar's No. **8773**

FILED OCT 27 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo.</b>		c. CITY OR TOWN <b>Creve Coeur</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>16 Deaver Lane</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Henry</b>	b. (Middle) <b>Joseph</b>	c. (Last) <b>Miller</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>10/5/55</b>
-------------------------------------	-------------------------	---------------------------	-------------------------	--

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 15, 1901</b>	9. AGE (In years last birthday) <b>54</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>21</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
-----------------	---------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>General Foreman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>McDonnell Aircraft</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	--	--

13a. FATHER'S NAME <b>Sandy Miller</b>	13b. MOTHER'S MAIDEN NAME <b>UNK</b>	14. NAME OF HUSBAND OR WIFE <b>May Miller</b>
--	--------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNK</b>	16. SOCIAL SECURITY NO. <b>489-10-2536</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. May Miller</b>	ADDRESS <b>16 Deaver Lane</b>
---	--	--	-------------------------------

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		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepato renal failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cirrhosis of liver</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 <b>581.0</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **6-18, 1955**, to **10-5, 1955**, that I last saw the deceased alive on **10/5, 1955**, and that death occurred at **8:35P m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert Payne M.D.</b> (Degree or title)	23b. ADDRESS <b>3720 W. 11th St. St. Louis</b>	23c. DATE SIGNED <b>10/6/55</b>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10/8/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hiram Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
--	--------------------------	--	---

DATE REC'D BY LOCAL REG. <b>OCT 7 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton and Sons</b>	ADDRESS <b>7233 Delmar Bly'd.</b>
--	---	--	-----------------------------------

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

3720 W. Oakland Ave  
St. Louis 18990

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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.