

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40090**
Registrar's No. **2773**

FILED DEC 10 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **547**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY OR TOWN St. Louis	d. In 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) 2 Months		e. STREET ADDRESS (If rural, give location) 3671 Cleveland	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Dorothy b. (Middle) T. c. (Last) Miller			4. DATE OF DEATH (Month) (Day) (Year) Nov. 23, 1956		
5. SEX female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH June 23, 1882		9. AGE (In years last birthday) 74		10. UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist		10b. KIND OF BUSINESS OR INDUSTRY Shell Petroleum		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	
13a. FATHER'S NAME August F. Miller		13b. MOTHER'S MAIDEN NAME Mary Meyer		14. NAME OF HUSBAND OR WIFE None	

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. Don't Know		17. INFORMANT'S SIGNATURE OR NAME Josephine Kohler ADDRESS 3671 Cleveland	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abdominal Hemorrhage		DUPLICATE (b) Cavernous Hemangioma		DUPLICATE (c) of Liver - Ruptured	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		3 hours	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 228X		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) (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 **4/11, 1956** to **11/23, 1956** that I last saw the deceased alive on **11/23, 1956**, and that death occurred at **9:45 PM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Malcolm B. Pawlee, M.D.		23b. ADDRESS 4660 Maryland		23c. DATE SIGNED 11/24/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Nov. 26, 1956		24c. NAME OF CEMETERY OR CREMATORY St. Matthews	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo					

DATE REC'D BY LOCAL REG. 11-26-56		REGISTRAR'S SIGNATURE Herbert A. Donleavy		25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros ADDRESS 2201 S. Grand Blvd.	
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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..... *Homer W. Fritz*.....

Licensed Embalmer No.... *388*.....

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.