

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1957

318

1003

STATE FILE NUMBER

10748

2350

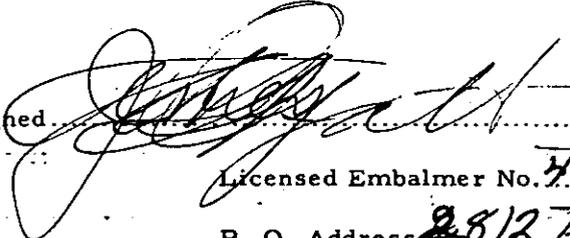
Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY -----			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY -----			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Apt. 207 2330, A. Cass Avenue		Length of stay in lbs 35 Years	d. STREET ADDRESS 2330, A. Cass. Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JOHN ^{First} ^{Middle} ^{Last} MILLER			4. DATE OF DEATH Month / Day / Year #3 / 6 / 1957			
5. SEX MALE 2	6. COLOR OR RACE COL.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6/10 / 1895	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months / Days / Hours / Min. 8 / 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Retired		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Shelby County Tenn. /		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME PHILLIP Mo. Gossic Miller			14. MOTHER'S MAIDEN NAME MATTIE GOSSIC			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO None		16. SOCIAL SECURITY NO. 499-01-9357	17. INFORMANT Address Apt. 207 Mrs Mary Miller 2330. A. Cass Avenue			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Heart Failure - Coronary Heart Dis.</u>					INTERVAL BETWEEN ONSET AND DEATH 1 day	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>					1 day	
DUE TO (c) <u>Arteriosclerotic Heart Dis.</u>					2+ years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4200					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour / Month, Day, Year a. m. / p. m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE				
21. I attended the deceased from <u>3-3-57</u> , to <u>3-6-57</u> and last saw ^{her} him alive on <u>3-6-57</u> Death occurred at <u>6:50 A. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Henry C. Dugas</u> (Degree or title) <u>M.D.</u>			22b. ADDRESS <u>3136 Easton</u> <u>3136 Easton Ave.</u>		22c. DATE SIGNED <u>3-7-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/11/57	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI		
24. FUNERAL DIRECTOR <u>John Houston</u>		ADDRESS 2812, Thomas Street	25. DATE RECD. BY LOCAL REG. MAR 8 '57	26. REGISTRAR'S SIGNATURE <u>Carl Smith</u>		

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. 7441
P. O. Address 2812 Thom

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.