FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29793
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7517

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Anthony — Length of stay in 1b: 14 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Crestwood 4000 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9513 Sappington Rd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Robert (Middle E) Last Miller (Jr) — DATE OF DEATH: Month 8 Day 9 Year 57

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 8/26/1890
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Movie Operator
10b. KIND OF BUSINESS OR INDUSTRY: Loews Orpheum
11. BIRTHPLACE (City and state or country): St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Robert E Miller
14. MOTHER'S MAIDEN NAME: Nellie Mcgrath

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-05-4989
17. INFORMANT: Emma Miller Address: 9513 Sappington Rd.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Acute Coronary Infarction — 2 months
DUE TO (c): 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 7, 1957 to August 9, 1957 last saw her him alive on Aug. 9/57
Death occurred at 9:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: A N Peters (Degree or title) M.D.
22b. ADDRESS: 4145 a S. Grand Blvd.
22c. DATE SIGNED: 8/12/57

23a. BURIAL, CREMATION, REMOVAL (Specify): removal
23b. DATE: 8/13/57
23c. NAME OF CEMETERY OR CREMATORY: Resurrection
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS: Schumacher 3013 Meramec
25. DATE RECD. BY LOCAL REG.: AUG 12 57
26. REGISTRAR'S SIGNATURE: J Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

10.17

763-7733

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 4

P. O. Address St Fa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.