

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4069

STATE FILE NUMBER

Registration District No. 319 Primary Registration District No. 6079 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Genevieve</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>WEINGARTEN 0950</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>WEINGARTEN</u>			Length of stay in 1b <u>50 YRS</u>		d. STREET ADDRESS <u>WEINGARTEN</u>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Louis</u> Middle <u>R.</u> Last <u>MILLER</u>				4. DATE OF DEATH Month <u>JAN</u> Day <u>28</u> Year <u>1958</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>11 JULY 1884</u>		9. AGE (In years last birthday) <u>73</u>	10. IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>COFFMAN, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>HENRY MILLER</u>				14. MOTHER'S MAIDEN NAME <u>ELIZABETH BAUMAN</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>480-40-4117</u>		17. INFORMANT Address <u>MRS. LOUIS MILLER WEINGARTEN, Mo.</u>				
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>arteriosclerotic heart disease</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____				
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <u>4200</u>							
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT <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>April 1957</u> to <u>Jan 28, 1958</u> and last saw ^{her} alive on <u>12-27-57</u> Death occurred at <u>1:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>C. E. Coulton M.D.</u> (Degree or title)				22b. ADDRESS <u>Farmington Mo</u>		22c. DATE SIGNED <u>1-30-58</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JAN 31, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OUR LADY HELP OF CHRISTIANS</u>		23d. LOCATION (City, town, or county) (State) <u>WEINGARTEN MISSOURI</u>			
24. FUNERAL DIRECTOR <u>James H. Steaton</u> Address <u>St. Genevieve Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Jan. 31, 1958</u>		26. REGISTRAR'S SIGNATURE <u>Willis Baer</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 *James H. Stanton*

Licensed Embalmer No. *381*

P. O. Address *St. Louis*

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.