

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

-61-034703

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **8710**

FILED SEP 27 1961

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis 15, Mo.</u> | |
| Length of stay in lb | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>4648 Greer</u> | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>(DE MELLO)</u> Last <u>Miller</u> | | | 4. DATE OF DEATH Month <u>9-</u> Day <u>17-</u> Year <u>61</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>W.</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>3-18-80</u> | 9. AGE (last birthday) <u>81</u> | 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>Retired</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>S. America</u> | |
| 12. CITIZEN OF WHAT COUNTRY | | 13a. FATHER'S NAME <u>(Miller, Louis)</u> | | 13b. MOTHER'S MAIDEN NAME <u>(, Anna)</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>EDNA MILLER</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> | | 17. INFORMANT Address <u>EDNA MILLER 4648 GREER</u> | |

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| 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>congestive heart failure</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ | |

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| 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>Sept 1, 1961</u> to <u>Sept 17, 1961</u> and last saw her ^{him} alive on <u>Sept 17, 1961</u> Death occurred at <u>Sept 17 @ 10 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |

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| 22a. SIGNATURE <u>Charles B. Jenner M.D.</u> (Degree or title) | 22b. ADDRESS <u>Firmin Desloge Hosp</u> | 22c. DATE SIGNED <u>9-18-61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>9/20/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem -</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u> |
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| 24. FUNERAL DIRECTOR <u>STROOT-CARROLL</u> ADDRESS <u>4600 NATURAL</u> | 25. DATE RECD. BY LOCAL REG. <u>SEP 19 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Loard Smith. M.D.</u> |
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 *W. L. Kretzer*

Licensed Embalmer No. 4685
P. O. Address *St. Louis, Mo.*

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.