

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008462

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2339**

STATE FILE NUMBER

FILED MAR 7 1962

VS 300 Rev. 4/59	DATE AMENDED
1	
2 2059	
3	
4 1	
5 2	
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7 1	
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11 1290-0	
13 90	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence-5933 KINGSBURY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5933 Kingsbury Blv'd,
3. NAME OF DECEASED (Type or print)		First ORPHA Middle E. Last MILLER	4. DATE OF DEATH Month February Day 27 Year 1962
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 7, 1896
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 65
13a. FATHER'S NAME Frank Smith		13b. MOTHER'S MAIDEN NAME Eva Louck	11. BIRTHPLACE (City and state or country) Little York, Illinois
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.	12. CITIZEN OF WHAT COUNTRY USA
17. INFORMANT Don F. Miller, 5933 Kingsbury Blv'd,		14. NAME OF HUSBAND OR WIFE William W. Miller	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation			INTERVAL BETWEEN ONSET AND DEATH Terminal
DUE TO (b) Acute Heart Disease with Chronic Failure			Years
DUE TO (c) 023x			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Aneurysm			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <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 Feb. 3, 1962 to Feb. 27, 1962 and last saw her/him alive on Feb. 23, 1962 Death occurred at 5 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. U. Glasberg M.D.		22b. ADDRESS 4500 Olive St.	
22c. DATE SIGNED 2/27/62			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 2-28-1962	23c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery	23d. LOCATION (City, town, or county) (State) Peoria, Illinois
24. FUNERAL DIRECTOR C. R. Lupton & Sons, 7233 Delmar Blv'd,		25. DATE RECD. BY LOCAL REG. FEB 27 1962	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

Dr. Bert H. H. H. H.
4500 Olive
St. 7-6575

2:30 to 3:00
City Office

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 Clarence A. Murray

Licensed Embalmer No. 110
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.