

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037136

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registrar's District No. 500 Registrar's No. 2513

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 28 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS MISSOURI</b>		Length of stay in lb <b>1152 DAYS</b>	c. CITY OR TOWN <b>ST. LOUIS</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>6224 SOUTHLAND AVENUE</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>HERBERT</b> Middle <b>ALLAN</b> Last <b>MILLER</b>		4. DATE OF DEATH Month <b>AUGUST 27,</b> Day <b>1962</b> Year	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-29-99</b>
9. AGE (last birthday) <b>62</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AUTOMOBILE</b>	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>HERMAN MILLER</b>	
13b. MOTHER'S MAIDEN NAME <b>MAGDELINE ROLLA</b>		14. NAME OF HUSBAND OR WIFE <b>MARIE J. MILLER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, unknown) (If yes, give war or dates of service) <b>YES</b>		17. INFORMANT <b>MARIE J. MILLER (WIFE)</b> Address <b>6224 SOUTHLAND, ST. LOUIS, MISSOURI</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE TRACHEOBRONCHITIS AND EARLY BRONCHOPNEUMONIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
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) <b>ANUERYSM OF RIGHT INTERNAL CAROTID (INTERCRANIAL) WITH HYDROCEPHALUS</b>		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	
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 _____			
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.) <b>V.A.</b>	20f. CITY, TOWN, OR LOCATION <b>JEFFERSON</b>	COUNTY _____ STATE _____
21. I attended the deceased from <b>7-1-59</b> to <b>8-27-62</b> Death occurred at <b>6:35 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. Oppler</i> <b>W. OPPLER, M.D.</b>		22b. ADDRESS <b>VET ADM HOSP, JEFF BRKS, MO.</b>	22c. DATE SIGNED <b>8-28-62</b>
23a. BURIAL, CREATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>AUG. 30, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL PARK</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO. MO.</b>
24. FUNERAL DIRECTOR <b>KRIEGSHAUSER 4228 S. KINGSHIGHWAY BLVD.</b>		25. DATE RECD. BY LOCAL REG. <b>8-29-62</b>	26. REGISTRAR'S SIGNATURE <i>John B. Murphy</i>

**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 Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address \_\_\_\_\_

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.