

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003873

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 220 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300.
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JAN 16 1963

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Length of stay in 1b 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jefferson
c. CITY OR TOWN High Ridge Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Route 1. Reside on Farm Yes No

3. NAME OF DECEASED First Frances Middle Miller Last Miller 4. DATE OF DEATH Month Jan Day 8 Year 1963

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9/1/1890 9. AGE (last birthday) 72 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (City and state of country) Meramec Township Jeff Co Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Frank Cihak 13b. MOTHER'S MAIDEN NAME Mary Chott 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) no NO. 17. INFORMANT Router, Box 60 Address Kenneth Miller High Ridge, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage
DUE TO (b) Generalized Arterio Sclerosis
DUE TO (c) 331X
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bronchopneumonia
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 Month, Day, Year a.m. p.m.

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 6/30/62 to 1/8/63 and last saw her/him alive on 1/7/63
Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) C. H. Dunstall M.D. 22b. ADDRESS 5203 Chapman 22c. DATE SIGNED 1/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1/10/63 23c. NAME OF CEMETERY OR CREMATORY St. Johns Rock Creek 23d. LOCATION (City, town, or county) Jefferson Co Mo.

24. FUNERAL DIRECTOR Frohwitter-Miller, High Ridge, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. JAN 8 1963 26. REGISTRAR'S SIGNATURE Roan Smith, M.D.

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

Neville D. Threlketter

Licensed Embalmer No. 3696

P. O. Address High Ridge, 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.