

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-021974
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5403**

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 27 1963

VS 300
Rev. 4/59

1
2 **40063**
3
4 **0**
5 **1**
6
7 **0**
8 **2**
9
10
11
12 **69-0**
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospitals, Inc.,		d. STREET ADDRESS (If outside, give location) 7149 Lindell Blvd.,	
3. NAME OF DECEASED (Type or print) First Henry Middle -- Last Miller, Jr.		4. DATE OF DEATH Month May Day 19 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 25, 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager-Labor Relations		10b. KIND OF BUSINESS OR INDUSTRY Railroad	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Henry Miller, Sr		13b. MOTHER'S MAIDEN NAME Mary Brady	14. NAME OF HUSBAND OR WIFE Katherine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)		16. SOCIAL SECURITY NO. 1	17. INFORMANT Address Mrs. Mae Miller 7149 Lindell Blvd
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LIVER FAILURE - METAST. CA LIVER			INTERVAL BETWEEN ONSET AND DEATH 2 MOS -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PRIMARY ADENOC. OF COLON			153.3 619MO10
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) METASTATIC CA OF PERITONEUM EXTENSIVE			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 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.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year 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 May 14, 1963 to May 19, 1963 and last saw her/him alive on May 19, 1963 Death occurred at 6:35 P.M., on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wesley A. Griffin, M.D.		22b. ADDRESS 1755 South Grand Blvd.,	22c. DATE SIGNED 5-20-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/22/63	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Arthur J. Donnelly Undertaking Co.,		25. DATE RECD. BY LOCAL REG. MAY 21 1963	26. REGISTRAR'S SIGNATURE Loel Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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



Licensed Embalmer No. 4699

P. O. Address 3840 Linnell

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.