

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033929

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8686

STATE FILE NUMBER

FILED SEP 12 1963

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
Rev. 4/59		
1		
2 <u>212</u>		
3 <u>2</u>		
4 <u>0</u>		
5 <u>0</u>		
6		
7 <u>0</u>		
8 <u>1</u>		
9		
10		
11 <u>000</u>		
12 <u>64-3</u>		
13		
<u>64</u>	INSTEAD OF	DOCUMENT
USE BLACK INK OR TYPEWRITER RIBBON	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
ITEM NO.	SHOULD READ	BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo.</u>		c. CITY OR TOWN <u>St. Louis.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>4903 Delmar, Blvd.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Carl A. Miller</u>			4. DATE OF DEATH Month Day Year <u>August 23, 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/31/1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>C.P.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Accounting</u>	11. BIRTHPLACE (City and state or country) <u>Boonville, Missouri.</u>
13a. FATHER'S NAME <u>Peter Miller</u>		13b. MOTHER'S MAIDEN-NAME <u>Emma Streuben</u>	14. NAME OF HUSBAND OR WIFE <u>Nil.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) <u>Yes W.W. # 1</u>		17. INFORMANT Address <u>Mrs. Ruth Miller, Boonville, Mo.</u>	
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>Pneumonia. Contributing causes -</u> <u>Coronary Sclerosis with occlusion and cerebral</u> DUE TO (b) <u>Hemorrhage; subdural hemorrhage; suffered</u> DUE TO (c) <u>fall in home on August 14, 1963.</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (e) <u>accident 9040-21</u>			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 checked="" 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.) <u>See above</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>8-14-63</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>12 Home</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>St. Louis, Mo</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>3457</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Helen P. Taylor, Coroner</u>		22b. ADDRESS <u>1300 Clark Ave</u>	
22c. DATE SIGNED <u>8-27-63</u>		(State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>8-28-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	
23d. LOCATION (City, town, or county) <u>Boonville, Mo.</u>		23e. STATE	
24. FUNERAL DIRECTOR ADDRESS <u>Albert H. Hoppe Inc., 4700 Washington, Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>AUG 27 1963</u>	
26. REGISTRAR'S SIGNATURE <u>Paul Smith, M.D.</u>			

**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 Melvin J. Kemper

Licensed Embalmer No. 4052

P. O. Address: 4911 Washington  
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.