

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033932

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9026 STATE FILE NUMBER

FILED SEP 12 1963

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH  
 a. COUNTY Mo b. COUNTY St Louis  
 c. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Length of stay in 1b 4 Days  
 d. STREET ADDRESS (If outside, give location) 7782 Fine Road  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Anthonys Hospital Inside Limits Yes  No

3. NAME OF DECEASED First Middle Last John E. Miller  
 4. DATE OF DEATH Month Day Year Sept 6 1963

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH Sept 20 1906 9. AGE (last birthday) 56  
 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Banking 10b. KIND OF BUSINESS OR INDUSTRY Bank 11. BIRTHPLACE (City and state or country) Flat River Mo 12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Marvin Miller 13b. MOTHER'S MAIDEN NAME Minnie Golf 14. NAME OF HUSBAND OR WIFE Blanch Miller Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs John Miller 7782 Fine Road St Louis County

18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Coronary insufficiency  
 generalized metastatic disease  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 DUE TO (b) Generalized metastatic disease  
 adenocarcinoma of cecum  
 DUE TO (c) Adenocarcinoma of Cecum

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1530  
 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  
 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 3/17/59 to 9/6/63 and last saw her/him alive on 9/6/63  
 Death occurred at 9/6/63 10:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D. Joseph J. Babka  
 22b. ADDRESS 3654 S. Grand  
 22c. DATE SIGNED 9/7/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Sept 7 1963 23c. NAME OF CEMETERY OR CREMATORY Fair View Cemetery 23d. LOCATION (City, town, or county) Farmington Mo

24. FUNERAL DIRECTOR Heiligtag Imperial No ADDRESS 25. DATE RECD. BY LOCAL REG. SEP 9 1963 26. REGISTRAR'S SIGNATURE Leonard 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 Elmer Kerling

Licensed Embalmer No. 3571

P. O. Address Imperial 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.