

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-004946

STATE FILE NUMBER

AMENDED

Registration District No. **317**

Primary Registration District No. **590**

Registrar's No. **763**

FILED JAN 29 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Berkeley City**

Length of stay in 1b
3 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Penn's Nursing Home**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Berkeley City**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4401 Carson Rd.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Theresa

Middle

Last

Miller

4. DATE OF DEATH

Month

January

Day

19,

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

2/24/1878

9. AGE (last birthday)

83

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)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

Jamestown, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Darius Meyers

13b. MOTHER'S MAIDEN NAME

Sophia (Unknown)

14. NAME OF HUSBAND OR WIFE

George

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) **No**

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

Luther Miller, 8814 Halls Ferry

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Cerebral thromboses, multiple
Heart block, with Adams Stokes Syndrome
Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

1 yr.
unknown
unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertension

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 a.m. p.m.

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 Oct 13, 1958 to Jan 19, 1962 and last saw her alive on Jan 17, 1962
Death occurred at **6:55 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Lewis L. Littman M.D.

22b. ADDRESS

8231 Clayton Rd (17)

22c. DATE SIGNED

1/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-20-62

23c. NAME OF CEMETERY OR CREMATORY

LOCAL

23d. LOCATION (City, town, or county)

California, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe, Inc., 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.

1-19-62

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

JAN 30 1962

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. _____

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.