

MAR 5 - 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

St. Louis

(No.....)

804 Pine Street

File No.....

8787

Registered No.....

2256

St.....

Ward.....

## 2. FULL NAME

Mae Milton

(a) Residence, No. 4429 Forest Park St., 19 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

James P. Milton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 5, 1887

7. AGE

YEARS

50

MONTHS

1

DAYS

18

If LESS than 1  
day, ..... hrs.  
or ..... min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Calhoun,  
Kentucky

13. NAME

William Mauzy

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

France

15. MAIDEN NAME

Martha Dexter

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Kentucky

17. INFORMANT  
(ADDRESS)Mrs Marie Brandon  
4429 Forest Park Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

emorial Park

DATE

Feb. 26

19

19. UNDERTAKER  
(ADDRESS)Sullivan Brothers  
2849 N. Euclid Avenue

20. FILED

19

J. F. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Feb 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from

October

1933, to

February 23, 1937

I last saw h. alive on February 17, 1937. Death is said

to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

Coronary disease  
& angina pectoris before 1932

Date of onset

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis? Urinal Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed).....

M. D.

(Address)..... 3722 Washington Ave St Louis.

FEB 24 1937

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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