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.

REC'D APR 1 1938

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

8918
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 2507

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Desloge Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Edward Midkiff 321
(a) Residence, No. 4178 A Flad Avenue St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Eva L. Midkiff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-7-'86

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 52 | 1 | 6 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont, Missouri.

FATHER
13. NAME John Richard Midkiff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont Mo.

MOTHER
15. MAIDEN NAME Mary Turner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

17. X INFORMANT (ADDRESS) Eva L. Midkiff 4178 A Flad Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE 2-15-1938.

19. FUNERAL DIRECTOR (ADDRESS) Truth Center Mortuary 4024 Lindell Bl.

20. FILED MAR 15 1938 J. D. Bredeck Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13-'38, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/12/, 19 38, to 3/13/, 19 38
I last saw him alive on 3/13/, 19 38. Death is said to have occurred on the date stated above, at 5:55 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Bronchopneumonia | One week |
| Fibrinous Pleuritis | Un-Certain |
| Hypertensive Cardio Vascular Disease, Marked Cardiac Decompensation, Auricular Fibrillation | |

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) G. O. Brown, M. D.
(Address) 1325 S. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I, Jack H. Lukens, Licensed Embalmer No. 4004

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 4004 or by, Registered Apprentice No.

working under my personal supervision.

Signed Jack H. Lukens

Licensed Embalmer No. 4004

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**