

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

APR 11 1938

791

1003

9056  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. City Hospital #1 Registered No. 2645 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 Alva J. Milton 435

(a) Residence, No. 530 North Union St. 12 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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 Emma Milton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/9/1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 62 1 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cattle Buyer  
 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) Malta Ohio

FATHER 13. NAME James R. Milton

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

MOTHER 15. MAIDEN NAME Lydia Drake

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

17. INFORMANT Emma Milton  
 (ADDRESS) 530 N. Union

18. BURIAL, CREMATION, OR REMOVAL PLACE Malta Ohio DATE 3/20/38

19. FUNERAL DIRECTOR Robert J. Ambruster  
 (ADDRESS) 6633 Clayton Road

20. FILED MAR 20 1938 J. J. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19/38

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 9.25A m.

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

*Removal due to fracture of skull and laceration of lungs, lacerated compound fracture of left leg, suffered when deceased operating Buick's Coal shaft.*

Other contributory causes of importance  
*malunion Blvd. struck a light bridge of catenary. About 2:15 P.M. March 19, 1938*

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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 3-19, 1938

Where did injury occur? 8 hours mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury See above  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed Alfred J. Perry M. D.  
 (Address) Deputy Coroner

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.

STATEMENT BY LICENSED EMBALMER

I, Robert J. Ambruster, Licensed Embalmer No. 1994

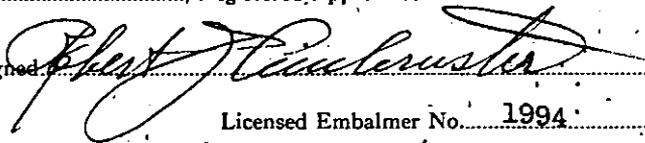
hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. 1994 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed



Licensed Embalmer No. 1994

**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.)**