

FB 16 1939 FEB 16 MAR 9 1939

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

7743
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 101 Registered No. 278
 (c) City Clayton, Mo. (d) Street No. 6449 Alamo _____ 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 KATE B. MILKS

(a) Residence, No. 6900 Wise Avenue St. _____
 (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lewis L. Milks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/31/60

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
78 3 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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) Seneca Falls, N.Y.

FATHER 13. NAME Wm. Baldwin

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT Wm. C. Milks
 (ADDRESS) 6449 Alamo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 2/17/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alexander and Sons
6175 Delmar Blvd

20. FILED 19 St. Louis Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/15/39 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1939, to Feb 15, 1939

I last saw her alive on Feb 7, 1939. Death is said to have occurred on the date stated above, at 8:15 a.m.

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

auricular fibrillation

Date of onset

Other contributory causes of importance: HT

Hypertension
arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify H. F. Bergman, M. D.
 (Signed) _____ (Address) 3720 Washington

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.

FEB 16 1939

STATE OF MARYLAND
DEPARTMENT OF HEALTH
BUREAU OF HEALTH SERVICES

3720 Washington

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,

self

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Jos. E. McCulloh

Licensed Embalmer No. *2460*

P. O. Address

*6125 J. Selman
at home*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.