

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40762
Registrar's No. 10533

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

I. PLACE OF DEATH:

(a) County _____
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

9. (a) PRINT FULL NAME HANITA MILTON

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased 5 28 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 6 24 hr. min.

9. Birthplace KANSAS CITY KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Thomas L. Milton

13. Birthplace Forrest City ARK
(City, town, or county) (State or foreign country)

14. Maiden name Erma Henderson

15. Birthplace Biose ARK
(City, town, or county) (State or foreign country)

16. (a) Informant Ernestine Sullivan

(b) Address 3329 Delmar Ave.

17. (a) BURIAL (b) Date thereof 12-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 Sunway Ave

19. (a) DEC 23 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 21
(c) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 3315 FRANKLIN AVE.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1940 hour 11:45 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Broncho Pneumonia primary
Due to Demerol

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 10/10

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Thoma G Callow (M. D. or other) 5

Address Deputy Coroner Date signed 12/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

