

13-40
7-39
X23159

State File No. _____

WED AUG 23 1941

4508

Registration District No. 837

Primary Registration District No. 6099

Registrar's No. _____

1. PLACE OF DEATH: *St. Louis, Mo.*

(a) County: *St. Louis*

(b) City or town: *St. Louis*

(c) Name of hospital or institution: _____

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: *Mo.* (b) County: *St. Louis*

(c) City or town: *St. Louis*

(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: *BARRY MAY F. MILNER*

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *June* day *26* year *1941* hour *2* minute *15 P.* M.

4. Sex: *Male* 5. Color or race: *White*

6. (a) Single, widowed, married, divorced: *0*

6. (b) Name of husband or wife: _____

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: *June 40 1941*

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from *June 25 1941* to *June 25 1941*

the last saw him alive on *June 25* and that death occurred on the date and hour stated above.

Immediate cause of death: *Myocardial infarction*

Due to: *Immediate*

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: *St. Louis, Mo.* (City, town, or county) (State or foreign country)

Due to: *Myocardial infarction*

Other conditions: *Tuberculosis of heart*

(Include pregnancy within 3 months of death)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name: *Barbara Milner*

15. Birthplace: *St. Louis, Mo.* (City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy: *1610*

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: *Arthur G. Johnson*

(b) Address: *St. Louis, Mo.*

17. (a) _____ (b) Date thereof: *June 27 1941*

(Burial, cremated, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *St. Louis*

18. (a) Signature of funeral director: *Arthur G. Johnson*

(b) Address: *St. Louis, Mo.*

19. (a) *July 15 1941* (b) *Loonier Turch*

(Data received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (e) Cause of injury _____

23. Signature: *Arthur G. Johnson* (M. D. or other) _____

Address: *St. Louis, Mo.* Date signed: *7/24/41*

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

3
2
0

RECEIVED

District Health Office No. 2

District File Number 841-111

Date Filed 8-15-41

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, or by.....

Anna Mat Bombardieri

Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.)

If this body is not embalmed; fact should be so stated above.