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DEPARTMENT OF COMMERCE
BUREAU OF MISSOURI
SEP 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30296

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 7635

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town St Louis

(c) Name of hospital or institution Homer & Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo 5 days
14 years (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Dave Middleton

3. (b) If veteran, name war XXXXXX

3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hazel Middleton

6. (c) Age of husband or wife if alive 29 Yrs

7. Birth date of deceased July 19 1887
(Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 4

If less than one day _____ hr. _____ min.

Texas

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

10. Usual occupation Labor

11. Industry or business _____

12. Name Dave Middleton

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

14. Maiden name Unknown

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

16. (a) Informant Hazel Middleton

(b) Address 1014 Franklin

17. (a) Burial (b) Date thereof Sept. 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood, Cemetery

18. (a) Signature of funeral director J. A. Burt

(b) Address 1459 S. 3 St

19. (a) SEP 22 1941 (b) J. Biedick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1310 Franklin
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1941 hour 6:00 minute P.M.

21. I hereby certify that I attended the deceased from August 14, 1941, to September 19, 1941, and that I last saw him alive on September 19, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerular Nephritis Prob Pulmonary Edema

Duration
2 years
8 hrs

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 J. W. Johnson (M. D. or other) 9-22-41
Address 2601 Whittier Date signed _____

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.....

Not Embalmed

....., 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.