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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37163 9393

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony's Hospital 0
(If not in hospital or institution, write street number or location)

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

In this community 12 yrs.

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 23 18

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

(d) Street No. 1900 So. 3rd. St. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Florence Milton

3. (b) If veteran, name war No.

3. (c) Social Security No. N

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Frank Milton

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased May 16, 1889 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52	6	9	hr. min.

9. Birthplace Fairdealing Ripley Co., Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Chas. Boyet
13. Birthplace Fairdealing, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Matilda Barton
15. Birthplace Fairdealing, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Pearce
(b) Address Poplar Bluff, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-27-41 (Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) NOV 26 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25 year 1941 hour 12 05 minute P.M.

21. I hereby certify that I attended the deceased from 11/11/41 19.. to 11/25/41 19.. ; that I last saw h. alive on 11/25/41 19.. ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia	
Due to Pyelonephritis	3-6 mos
Due to Diabetes	
Due to nephrolithiasis left	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Left Kidney removed
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature R. Emmett Kelly (M. D. or other)
Address 5545 Delmar Date signed 11/27/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wilford G. Burnley

Licensed Embalmer No. 4202

P. O. Address.....

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

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