

SEP 23 1942 318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 7690

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
ST. LOUIS CITY HOSP. D  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether)

In this community 27 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis 17

(c) City or town St. Louis 969  
(If outside city or town limits, write "RURAL")

(d) Street No. 1542 Benton  
(If rural, give location)

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

3. (a) PRINT FULL NAME EARL LENNOR MILSTER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13  
year 1942 hour 1 minute 20 P M.

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

21. I hereby certify that I attended the deceased from 9-10-1942 to 9-13-1942

4. Sex MO 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Joséphine Smith 6. (c) Age of husband or wife if alive 55 years

Birth date of deceased May 3rd 1885  
(Month) (Day) (Year)

that I last saw him alive on 9-13-1942 and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 4 Days 10 hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Arteriosclerotic heart disease

9. Birthplace Perry County Mo. D  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions generalized arteriosclerosis  
(Include pregnancy within 3 months of death)

10. Usual occupation Paddler

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name George Milster

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

13. Birthplace Perry County Mo. D  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Swan

15. Birthplace Perry County Mo. D  
(City, town, or county) (State or foreign country)

16. (a) Informant Harris Milster

(b) Address 5717 Easton

17. (a) Sept. 15, 1942 (b) Date thereof Burial  
(Specify, occasion, or removal) (Month) (Day) (Year)

(c) Place: burial Beaumont Presbyterian Ch.

18. (a) Signature of funeral director Ray Federal Horn

(b) Address Perryville Mo.

19. (a) SEP 15 1942 (b) J. F. Bredick  
(Date 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? \_\_\_\_\_

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

23. Signature J. H. Miles (M. D. or other) O

Address St. Louis City, Mo. Date signed 9-13-42

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

MOTHER FATHER

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**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.....

Licensed Embalmer No..... *3866*

P. O. Address..... *Pennington, Mo*

**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.**