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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41992

State File No.

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2568

1. PLACE OF DEATH:

(a) County St. Louis.

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

(c) Name of hospital or institution: #20 Wydown Terrace. (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 Missouri (b) County

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

(d) Street No. #4900 West Pine Blv'd., Forest Park Hotel. (If rural give location)

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

If yes, name country

3. (a) PRINT FULL NAME MAY PATRICK MILLIKEN.

3. (b) If veteran, name war NONE.

3. (c) Social Security No. NONE.

4. Sex Female.

5. Color or race White.

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

6. (b) Name of husband or wife John T. Milliken, Sr.,

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

7. Birth date of deceased May 2nd, 1870. (Month) (Day) (Year)

8. AGE: Years 72. Months 7. Days 4. If less than one day hr. min.

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

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Henry D. Patrick.
13. Birthplace Franklin, Kentucky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily Swillay.
15. Birthplace Gainesville, Indiana. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs W. G. Moore.

(b) Address #20 Wydown Terrace.

17. (a) Cremation. (Burial, cremation, or removal) (b) Date thereof 12/7/1942. (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Boulevard.

19. (a) DEC 7 1942 (Date received local registrar) (b) C. G. McGarrow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 6th, year 1942. hour 125 minute P M.

21. I hereby certify that I attended the deceased from April 6, 1942, to Dec 6, 1942 that I last saw her alive on Dec 6, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death metastatic carcinoma of lungs.	3 mo
Due to Carcinoma Caecum	12 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma Caecum c̄ metastases to glands (regional)

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

23. Signature E. V. Mastin (M. D. or other)

Address 3720 Washington Date signed 12/7/42

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(Licensed Embalmer's Statement on Reverse Side)

St. Louis County Health Dept.

Dr E. V. Mastin.
3720 Washington.
FR: 6789.
1-3 PM

St. Luke's Hosp.

MAR 30 1943

JUL 7 1944

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 Clarence N. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.