

FILED FEB 10 1944

Registration District No. _____

Primary Registration District No. 3031

Registrar's No. 1

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Desoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Olevia Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Weeks
(Specify whether
In this community 4 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5252 Lansdowne
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA H. MILLINGTON

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

7. Birth date of deceased June 30, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Father Adolph Schmidt

12. Boon Neusse Germany 4
(City, town, or county) (State or foreign country)

13. Mother May Anna Frahm
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant Mrs. Adele Hartman
(b) Address 53 1/2 Karadon St. St. Louis

17. (a) Burial (b) Date thereof Jan. 7, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo. (Sunset)

18. (a) Signature of funeral director Lee Mothershead
(b) Address Desoto, Mo.

19. (a) 1-6-44 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5
year 1944 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Dec. 16
1943 to Jan. 3 1944
that I last saw her alive on Jan. 3, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Senility with Psychosis
Duration ?

Due to _____

Due to _____

Other conditions 167a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 Dr. E. Galbreath (M. D. or other)
Address Desoto Mo. Date signed 1/6/44

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

MOTHER FATHER

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

J. E. Dolan

Licensed Embalmer No. 3531

P. O. Address Dubuque

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.