

Registration District No. **317**

Primary Registration District No. **4463**

Registrar's No. **342**

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

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Fenton**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
R. R. # 1 Box 64 /
(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 **Mo** (b) County **St. Louis**
 (c) City or town **Fenton**
(If outside city or town limits, write "RURAL")
 (d) Street No. **R. R. # 1 Box 64**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Frank Calvin Milligan**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. **489-16-5688**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb** day **7** year **1944** hour **12 NOON** minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
 that I last saw him alive on **Feb 6**, 19**44**
 and that death occurred on the date and hour stated above.

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **3 Divorced**
6. (b) Name of husband or wife **Unknown** **6. (c) Age of husband or wife if alive** **Unk.** years _____
7. Birth date of deceased **Sept 13 1864**
(Month) (Day) (Year)

Immediate cause of death _____
Coronary Thrombosis **1 Day**
 Due to _____
 Due to _____
 Other conditions **and eyes**
(Include pregnancy within 3 months of death)

8. AGE: Years **79** Months **4** Days **25** If less than one day _____ hr. _____ min.
9. Birthplace **Unknown Texas /**
(City, town, or county) (State or foreign country)
10. Usual occupation **Mechanic**

Major findings: Of operations _____
 Of autopsy **gfb**
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) (e) Means of injury _____

11. Industry or business _____
12. Name **Unknown Milligan**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
16. (a) Informant **Miss Edna Milligan**
(b) Address **5850 Hampton Ave. St. Louis, Mo**
17. (a) Burial **(b) Date thereof** **2-9-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New St. Marcus Cem.**
18. (a) Signature of funeral director **Louis H. Bopp Inc.**
(b) Address **Kirkwood, Mo.**
19. (a) FEB 10 1944 **(b) E. G. Lawrence, Jr.**
(Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
23. Signature **G. P. Smith** (M. D. or other) **M.D.**
Address **Vally Park Mo** **Date signed** **2-8-44**

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.....

Felix Howard

Licensed Embalmer No. *3034*

P. O. Address.....

Kirkwood 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.