

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 9 1944
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10228

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. John's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 0 (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Eugene H. Milner

3. (b) If veteran, name war. Nil

3. (c) Social Security No. 327-07-6169

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Helen Milner

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

7. Birth date of deceased August 13 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50	3	13	hr. min.
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9. Birthplace Cynthiana Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation V-Pres. Mississippi Lime Co.

11. Industry or business Mississippi Lime Co.

MOTHER FATHER { 12. Name Alanzo F. Milner

13. Birthplace Cynthiana Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Delia Harmon

15. Birthplace Cynthiana Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Milner

(b) Address Alton, Ill.

17. (a) removal (b) Date thereof 11-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) NOV 30 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison

(c) City or town Alton
(If outside city or town limits, write "RURAL")

(d) Street No. 1601 Liberty
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28
 year 1944 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from 11/15/44 to 11/27/44

that I last saw him alive on Nov 28 and that death occurred on the date and hour stated above.

Immediate cause of death Central hemorrhage

Due to hypertension

Due to.....

Other conditions 830
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

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?

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature W. F. Beck (M. D. or other) MD

Address Harriet Beay Date signed 11/29/44

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

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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 John Gonoshii
Licensed Embalmer No. 3398
P. O. Address.....

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.