No. 2
8-13
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1945

Registration District No. 3066

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18180

Primary Registration District No. 3066

Registrar's No. 118 3

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 504 Mc Lain Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 504 Mc Lain
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME William H. Milne
3. (b) If veteran, name war Ward War I
3. (c) Social Security No. 351-10-5014

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ava Lena Milne
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Feb (Month) 2 (Day) 1900 (Year)

8. AGE: Years 45 Months 3 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Marseille (City, town, or county) France (State or foreign country)
10. Usual occupation Salesman,
11. Industry or business Jewerly
FATHER
12. Name John R. Milne
13. Birthplace ..... (City, town, or county) France (State or foreign country)
MOTHER
14. Maiden name Jewell
15. Birthplace ..... (City, town, or county) France (State or foreign country)
16. (a) Informant Mrs Avalena Milne
(b) Address 504 Mc Lain Lane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Louis H Bopp Inc
(b) Address Kirkwood, Missouri
19. (a) MAY 22 1945 (Date received by local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1945 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from 1-19, 1943, to May 17, 1945; that I last saw h alive on May 17, 1945; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Occlusion
Due to Chronic Myocarditis
Due to a decompensation
Other conditions (Include pregnancy within 3 months of death) 94a
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature Royal C. McLean M.D. (M. D. or other)
Address Kirkwood Mo Date signed 5-18-45

707 (Licensed Embalmer's Statement on Reverse Side)

JUN 2 1945

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 Amand

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.

S. No. 2B
M—3-45
1 X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis Co.
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
504 McLain Lane
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis Co
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 504 McLain Lane
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William H. Milne
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 45 Months 6 Days 5 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or Business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Louis H. Bopp
(b) Address Kirkwood, Mo.
19. (a) (Date received local registrar) (b) Dr. C. H. McLaran (Registrar's signature) By

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 Day 4 year 1945 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Royal C. McLean MD (M. D. or other)
Address Kirkwood, Mo. Date signed

SUPPLEMENTARY

18180