

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY WAYNE	
b. CITY (If outside corporate limits, write RURAL and give township) JEFF BRKS MO		c. CITY (If outside corporate limits, write RURAL and give township) PIEDMONT	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 1110	
d. FULL NAME OF HOSPITAL OR INSTITUTION WETS ADMIN HOSP, JEFF. BRKS, MO.			

3. NAME OF DECEASED (Type or Print)	a. (First) ERNEST	b. (Middle) ROBERT	c. (Last) MIDDLETON	4. DATE OF DEATH (Month) (Day) (Year) JULY 31, 1950
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 5-24-94	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) RUBBLE, MISSOURI	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME WILLIAM W. MIDDLETON	13b. MOTHER'S MAIDEN NAME SARAH MIDDLETON	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) WWI	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS MO	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIOVASCULAR DISEASE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) MALIGNANT NEPHROSCLEROSIS DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		442A	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 442X
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-29-50 11:25P	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7-29-50**, 19**50**, to **7-31-50**, 19**50**, that I last saw the deceased **11:25P**, and that death occurred at **11:25P** m., from the causes and on the date stated above.

23a. SIGNATURE L.E. Stowell M.D. (Degree or title)	23b. ADDRESS L.E. STIWELL, M.D. CHIEF, PROF. SERVICES VA HOSP. JEFF BRKS, MO	23c. DATE SIGNED 8-1-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-1-50	24c. NAME OF CEMETERY OR CREMATORY UNKNOWN	24d. LOCATION (City, town, or county) (State) PIEDMONT, MO.
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DATE REC'D BY LOCAL REG. 8-1-50	REGISTRAR'S SIGNATURE Robert C. ...	25. FUNERAL DIRECTOR'S SIGNATURE ALBERT H. HOPPE, INC. St. Louis, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

40300

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Elton R. Remelius*

Licensed Embalmer No. *4283*

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.