S. No. 300
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FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39280

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2758

4005
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHMOND HEIGHTS
c. LENGTH OF STAY (in this place): 50 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST MARY'S HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: ST CLAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BELLEVILLE 8120
d. STREET ADDRESS (If rural, give location): 511 MASCOUTAH 8

3. NAME OF DECEASED (Type or Print)
a. (First): MICHAEL
b. (Middle):
c. (Last): MILLIGAN

4. DATE OF DEATH (Month) (Day) (Year): NOV 16 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): — INFANT 0
8. DATE OF BIRTH: -10-21-1946
9. AGE (In years last birthday): 4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): — SANDWICH ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: FORREST MILLIGAN
13b. MOTHER'S MAIDEN NAME: MARCELLA BUETTNER
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): — NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Forrest Milligan — ADDRESS: Belleville Ill

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): LMYPHATIC LEUKEMIA — INTERVAL BETWEEN ONSET AND DEATH: 5 MONTHS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 2040

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION: — 2040
20. AUTOPSY? YES [X] NO [ ]

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): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1 OCT, 1950, *to* 16 NOV, 1950, *that I last saw the deceased alive on* 16 NOV, 1950, *and that death occurred at* 11 25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert John Burke M.D.
23b. ADDRESS: St Mary's Group Hosp
23c. DATE SIGNED: 16 Nov 50

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 11-16-50
24c. NAME OF CEMETERY OR CREMATORY: BELLEVILLE
24d. LOCATION (City, town, or county) (State): BELLEVILLE ILLINOIS

DATE REC'D BY LOCAL REG.: 11/16/50
REGISTRAR'S SIGNATURE: Herbert R. Domka M.D. F/B
25. FUNERAL DIRECTOR'S SIGNATURE: F.C. Renner — ADDRESS: Belleville Ill

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, working under my personal supervision.

Student Embalmer No.....

Signed Geo Renner

Licensed Embalmer No. 2314

P. O. Address Belleville, Ill.

Signed.....
Student Embalmer

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.