

STANDARD CERTIFICATE OF DEATH

FILED JUN 23 1951

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5317

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2189</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4546 Gibson Av.</u>		e. STREET ADDRESS (If rural, give location) <u>4546 Gibson Av.</u>	
3. NAME OF DECEASED a. (First) <u>Margaret</u> b. (Middle) <u>Blanche</u> c. (Last) <u>Luthey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 17, 1880</u>
9. AGE (In years last birthday) <u>70</u> <u>9</u> <u>22</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Wolf Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>	
13a. FATHER'S NAME <u>John E. Milburn</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Lyons</u>	
14. NAME OF HUSBAND OR WIFE <u>Walter N. Luthey</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (See no. or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Flemming</u> ADDRESS <u>4328 McRee</u>	
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.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast</u>		INTERVAL BETWEEN ONSET AND DEATH	
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.			
19a. DATE OF OPERATION <u>Nov. 14, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of breast - axillary metastases.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>170X</u>			
22. I hereby certify that I attended the deceased from <u>Oct. 30, 1951</u> , to <u>June 8, 1951</u> , that I last saw the deceased alive on <u>6-8</u> , 1951, and that death occurred at <u>11:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Charles J. Sherrill</u> (Degree or title)		23b. ADDRESS <u>3720 Washington</u>	
23c. DATE SIGNED <u>6/11/51</u>		23d. DATE SIGNED <u>6/11/51</u>	
24a. NAME OF CEMETERY OR CREMATORY <u>Lake Charles</u>		24b. LOCATION (City, town, or county) (State) <u>St. Charles Rockledge Mo</u>	
24c. DATE SIGNED <u>6/11/51</u>		24d. DATE SIGNED <u>6/11/51</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Buell-Campbell Mortuary 4215 Lindbergh St.</u>	

See - American Red Cross

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

*Ray E Campbell*

Signed.....

Student Embalmer

Licensed Embalmer No. 3881

P. O. Address *H & L...*

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.