

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39442

FILED DEC 1 1951

State File No. 10020
Registrar's No. 10020

| | | | | | | | | | |
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| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 100 | | Registrar's No. 10020 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | d. STREET ADDRESS (If rural, give location) 5653 Clemons Ave. | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5653 Clemons Ave. | | | | d. STREET ADDRESS (If rural, give location) 5653 Clemons Ave. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Kaskill c. (Last) Middleton | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov 14 1951 | | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH July 3rd, 1889 | | | |
| 9. AGE (In years) (Last birthday) 62 | | IF UNDER 1 YEAR 4 | | IF UNDER 1 MONTH 8 | | IF UNDER 1 MIN. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Representation | | | 10b. KIND OF BUSINESS OR INDUSTRY Credit | | 11. BIRTH PLACE (State or foreign country) Philadelphia Pa. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME Charles G. Middleton | | | 13b. MOTHER'S MAIDEN NAME Sallie Neal | | | 14. NAME OF HUSBAND OR WIFE Anna Middleton | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. 492-03-0117 | | 17. INFORMANT'S SIGNATURE OR NAME Chas. Middleton Jr. ADDRESS 5653 Clemons | | | | | |
| 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 1 yr | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma lung | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hemorrhage DUE TO (c) carcinoma | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia secondary | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION none | | | | 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? 163X | | | | | | | |
| 22. I hereby certify that I attended the deceased from Nov 5, 1951 to Nov 11, 1951 , that I last saw the deceased alive on Nov 10, 1951 , and that death occurred at 9:15 A.M. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Name or title) J. M. Black M.D. | | | | 23b. ADDRESS 705 N. Kingsley Hwy | | 23c. DATE SIGNED 11/12/51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) cremation | | 24b. DATE Nov 13, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory | | 24d. LOCATION (City, town, or county) (State) St. Charles, Rock Rd Mo | | | |
| DATE REC'D. BY LOCAL REG. NOV 20 1951 | | REGISTRAR'S SIGNATURE J. Earl Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Bull-Campbell Mortuary ADDRESS 4215 Linden | | | | | |

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Rex C Campbell

Licensed Embalmer No.

3881

P. O. Address

W. L. Linn 8 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.