

FILED MAR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6630

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1478**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS	c. LENGTH OF STAY (in this place) 2 wks	c. CITY (If outside corporate limits, write RURAL and give township) MAPLEWOOD 4544	
d. FULL NAME OF HOSPITAL OR INSTITUTION MO. BAPTIST HOSPITAL		d. STREET ADDRESS (If rural, give location) 3724 CAMBRIDGE AVE	

3. NAME OF DECEASED (Type or Print) ALVA	a. (First) E.	b. (Middle) MIDDLETON	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 2 14 52
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 8 Days 10	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELEVATOR CONSTRUCTOR	10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) ILL.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME W.M. HENRY-MIDDLETON	13b. MOTHER'S MAIDEN NAME MARGARET-FARMER	14. NAME OF HUSBAND OR WIFE ERNESTINE MIDDLETON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ERNESTINE-MIDDLETON ADDRESS 3724 CAMBRIDGE
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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 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary-Vascular Renal Disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Toxic Psychosis		3 weeks	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 442X
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22. I hereby certify that I attended the deceased from **Jan 28, 1952**, to **Feb 14, 1952**, that I last saw the deceased alive on **Feb 14, 1952** and that death occurred at **10:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Walter A. Dell (Degree or title) M.D.	23b. ADDRESS 7346a Manchester Maplewood 17, MO	23c. DATE SIGNED 2-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-16-52	24c. NAME OF CEMETERY OR CREMATORY LAKEWOOD PARK	24d. LOCATION (City, town, or county) (State) ST. LOUIS Co., MO.
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DATE REC'D BY LOCAL REG. FEB 16 1952	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH ADDRESS 7456 MANCHESTER, MAPLEWOOD
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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 J.P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.