

FILED JAN 4 1954
25 days

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44781

122-53
4007

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| BIRTH NO. | | REG. DIST. NO. 517 | | PRIMARY REG. DIST. NO. 500 | | Registrar's No. 3260 | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | | | |
| b. CITY OR TOWN Normandy | | c. LENGTH OF STAY (in this place) 25 DAYS | | c. CITY OR TOWN Jennings | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic | | | | e. STREET ADDRESS (If rural, give location) 5746 Helen Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Caroline | | b. (Middle) Regina | | c. (Last) Middleton | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 17 1953 | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | | 8. DATE OF BIRTH Dec. 31 1887 | |
| 9. AGE (In years last birthday) 65 | | 10. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Ill. Flora | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY At-home | | 11. BIRTHPLACE (City and State or Foreign Country) Ill. Flora | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME William J. Michael | | 13b. MOTHER'S MAIDEN NAME Dorothy Rucht | | 14. NAME OF HUSBAND OR WIFE Dr. Harry L. Middleton | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. George B. King 7250a Burwood | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) medullary failure | | DUE TO (b) Thrombotic embolism 24 hrs | | | | 2 hrs | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) Generalized carcinomatosis | | | | 3 mos | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | generalized metastasis | | | | | |
| 19a. DATE OF OPERATION 11-22-53 | | 19b. MAJOR FINDINGS OF OPERATION Pseudomucinous cystadenocarcinoma with | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? | | | |
| 22. I hereby certify that I attended the deceased from 11-22, 1953, to 12-17, 1953, that I last saw the deceased alive on 12-17, 1953, and that death occurred at 10:15 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Roy J. Olson D.O. | | | | 23b. ADDRESS 6401 W. Florissant | | 23c. DATE SIGNED 12-18-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 12 21 53 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo | |
| DATE REC'D BY LOCAL REG. 12/21/53 | | REGISTRAR'S SIGNATURE Herbert B. Smith 198 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz Koeller 5967 W. Florissant | | | |

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.....
Signature of Student Embalmer

Signed *W. Fred W. Buchholz*
Licensed Embalmer No. *955*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.