No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6576

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1352

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 2169
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 0
d. STREET ADDRESS (If rural, give location) 3905a Miami 16

3. NAME OF DECEASED (Type or Print)
a. (First) Clarence
b. (Middle) J.
c. (Last) Milliano

4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1954

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Feb. 12, 1895

9. AGE (In years last birthday) 58 | 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) Bus Driver

10b. KIND OF BUSINESS OR INDUSTRY Public Service

11. BIRTHPLACE (City and State or Foreign Country) Missouri 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Isaac Milliano

13b. MOTHER'S MAIDEN NAME Hattie Nations

14. NAME OF HUSBAND OR WIFE Evelyn Milliano

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) world war I

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Evelyn Milliano **ADDRESS** 3905a Miami

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) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Undifferentiated Carcinoma — 3 mo.

DUE TO (c) Primary Site Undetermined

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ 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?

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22. *I hereby certify that I attended the deceased from* 1-30-, 1954, *to* 2-11, 1954, *that I last saw the deceased alive on* 2-11-1954, *and that death occurred at* 1 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Clyde Costello **(Degree or title)** M.D. 0 **23b. ADDRESS** 3720 Washington **23c. DATE SIGNED** 2-12-54

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 2-15-54

24c. NAME OF CEMETERY OR CREMATORY National Cemetery

24d. LOCATION (City, town, or county) (State) Jefferson Brks., Mo.

DATE REC'D BY LOCAL REG. FEB 13 1954

REGISTRAR'S SIGNATURE H. Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home **ADDRESS** 6322 S. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Cyril Costello

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 Francis J Weyland Jr

Licensed Embalmer No. 4512

P. O. Address 6322 S. Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.