

No. 300  
10. 48

FILED MAY 6 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13817

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3796

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 OR TOWN St. Louis	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 7328 N. Broadway		e. STREET ADDRESS (If rural, give location) 7328 N. Broadway	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Felicia	b. (Middle) H.	c. (Last) Million	April	25th	1954

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 31-1962	9. AGE (in years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.,		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME Stephen Fitzgerald		13b. MOTHER'S MAIDEN NAME Ellen M. Godfrey		14. NAME OF HUSBAND OR WIFE General R. Million	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 497-20-6069	17. INFORMANT'S SIGNATURE OR NAME ADDRESS G. R. Million 7328 No. Broadway			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of skull; Brain Injury; when deceased was found at bottom of stairs by rear of her house 7328 No. Broadway on April 25 1954	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)	DUE TO (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Interval between onset and death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident		20. AUTOPSY: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SIGNATURE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. E. 900.0
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 25 54 6:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 21
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick J. Taylor Coroners		23b. ADDRESS 1900 Clark		23c. DATE SIGNED 4.27.54.	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/28/54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.,
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 27 1954 J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leidner Und. Co., 2223 St. Louis Ave.,
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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.....  
Signature of Student Embalmer

Signed *J. W. Bumbley*.....  
Licensed Embalmer No. *361*  
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.