

FILED MAY 6 1954

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

13819

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3558**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>IMPERIAL, MO.</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY. (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>IMPERIAL</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <b>SAME AS ABOVE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 18, 1954</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>	b. (Middle) <b>T.</b>	c. (Last) <b>Milton</b>	5. SEX <input checked="" type="checkbox"/> M. <input type="checkbox"/> F.
6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC. 14, 1902</b>	9. AGE (in years last birthday) <b>51</b> If under 1 year: Months _____ Days _____ If under 12 hrs: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SUPERVISOR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>CENTURY ELECTRIC</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>BERTRAND, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown (ALICE)</b>	14. NAME OF HUSBAND OR WIFE <b>IRENE M. MELTON</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>IRENE M. MELTON, IMPERIAL MO</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Thrombosis of left middle cerebral artery 3 days</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arteriosclerosis</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		DUE TO (c) <b>Hypertension</b>		
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			

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) <b>332 Y</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 April 16, 1954, to April 18, 1954, that I last saw the deceased alive on April 18, 1954, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. P. Vermillion, M.D.</b>	23b. ADDRESS <b>Barnes Hospital</b>	23c. DATE SIGNED <b>4/19/54</b>
24a. BURIAL CREMATION REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>4/21/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. LEBANON</b>
24d. LOCATION (City, town, or county) (State) <b>PATTONVILLE MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. Carl Smith &amp; Sons Inc. 2504 Woodson Rd. Overland, Mo</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>APR 20 1954</b>		

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Oscar J. Mueller*

Licensed Embalmer No... *3*

P. O. Address *Overland*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.