

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

13820

Registrar's No.

3666

BIRTH NO.

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

to 300
to 48# 1 2 6359-54
FILED APR 29 1954

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>mo</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis 2079</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>Faith</i>		d. STREET ADDRESS (If rural, give location) <i>5476 N. Kingshighway</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Mona</i> b. (Middle) <i>Milton</i> c. (Last) <i>Milton</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>4-21-54</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>4-21-54</i>	9. AGE (In years last birthday) <i>7</i>	10. UNDER 1 YEAR Months <i>9</i> Days <i>39</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>St. Louis mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>Cecil Milton</i>		13b. MOTHER'S MAIDEN NAME <i>Blanche Dunaway</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME		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.		19. INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Immaturity</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>gestation about 30 weeks</i> DUE TO (c) <i>Pleural licks</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>wt. 1 lb 9 oz</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
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) <i>774X</i>	
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 <i>April 21, 1954</i> , to <i>April 21, 1954</i> , that I last saw the deceased alive on <i>April 21, 1954</i> , and that death occurred at <i>3:40 P.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>John C. Creane M.D.</i>		23b. ADDRESS <i>2504 N. 14th</i>		23c. DATE SIGNED <i>4-22-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4/23/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Pk Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis County</i>		DATE REC'D BY LOCAL REG. <i>APR 23 1954</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>S.O.</i>		ADDRESS <i>Leidner Und., 2223 St. Louis Ave</i>			

(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 embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John A. Buehler

Licensed Embalmer No. *1674*

P. O. Address *2223 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 this body is not embalmed, fact should be so stated above.