

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39030**
Registrar's No. **9708**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY OR TOWN ST LOUIS, c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION: ST JOHN'S HOSPITAL		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ c. CITY OR TOWN ST LOUIS d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 7 4225 AUBERT AVE	
3. NAME OF DECEASED (Type or Print) CLAYTON a. (First) _____ b. (Middle) C. c. (Last) MILBERG		4. DATE OF DEATH (Month) (Day) (Year) OCT 24, 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1/4/1890
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME AUGUST MILBERG		13b. MOTHER'S MAIDEN NAME GRACE PLANT	
14. NAME OF HUSBAND OR WIFE MAE MILBERG		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. # _____		17. INFORMANT'S SIGNATURE OR NAME MAE MILBERG 4225 AUBERT AVE	
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), Gastric Ulcer & Massive Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 3 wks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Bleeding Gastric Ulcer	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Hypertension & Myocardial Damage 6 yrs	
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) _____
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5400		
22. I hereby certify that I attended the deceased from _____, 1948, to Oct 24, 1954, that I last saw the deceased alive on Oct 24, 1954, and that death occurred at 10:20 AM, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. H. Lindemann M.D.		23b. ADDRESS 4126th Shrew Ave	
23c. DATE SIGNED 10/25/54		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 10/27/54	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI	
DATE REC'D BY LOCAL REG. OCT 26 1954	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL 4600 NATURAL BRIDGE AVE	

D. P. ...
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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 *M. W. Ruster*

Licensed Embalmer No. *4865*

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.