

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42416

FILED JAN 17 1956

State File No.

11645

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

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY OR TOWN St. Louis | | a. STATE Missouri | b. COUNTY |
| 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 checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital | | e. STREET ADDRESS (If rural, give location) 5 5133 Raymond Ave. | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) James | b. (Middle) Thomas | c. (Last) Milford | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1955 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Feb. 15, 1880 | 9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) 75 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | 11. BIRTHPLACE (City and State or Foreign Country) Pulaski, Ill. | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME John Milford | 13b. MOTHER'S MAIDEN NAME Mary Unknown | 14. NAME OF HUSBAND OR WIFE Myrtle Milford |
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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) No | 16. SOCIAL SECURITY NO. 487-18-7800 | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Myrtle Milford, 1815 Oxford La. | ADDRESS |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia; Fracture of right femur; suffered in fall down steps at Hotel 819 1/2 Market Street, about 700 pm., on December 12 1955. | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death or related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT (Specify) Accident | 21b. PLACE OF INJURY (e.g., home, farm, factory, street, public building, etc.) Hotel | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 12 55 7:00 | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? Dr. EG 900:6 |
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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 **1055A** m., from the causes and on the date stated above.

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| 23a. SIGNATURE <i>Albert H. Hoppe</i> | (Degree or title) | 23b. ADDRESS 1300 Olive | 23c. DATE SIGNED 1/3/56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 1-3-56 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. |
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| DATE REC'D BY LOCAL REG. JAN 3 1956 | REGISTRAR'S SIGNATURE <i>Carl Smith MD</i> | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd. | ADDRESS |
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(Licensed Embalmer's Statement on Reverse Side)

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 *G. W. Wilkins*

Licensed Embalmer No. *35*

P. O. Address *M. Lee*

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.