

FILED JAN 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. **42419**
11024
Registrar's No.

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

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) 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 Enroute City Hospital		e. STREET ADDRESS (If rural, give location) 23 2753 Geyer Ave.	
3. NAME OF DECEASED a. (First) J. b. (Middle) P. c. (Last) Milligan		4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1955	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 28, 1921	
9. AGE (In years last birthday) 34		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY McDonnell Aircraft	
11. BIRTHPLACE (City and State or Foreign Country) Leachville, Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME C. J. Milligan		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Virginia Milligan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 431-16-8198	
17. INFORMANT'S SIGNATURE OR NAME Leland Howard		ADDRESS 2735 Geyer 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERNAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hemorrhage			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		followed by gunshot wound to chest; self inflicted in house of home at 2753 a Geyer Ave. about 11:40 pm., December 15, 1955	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death related to the disease or condition.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Suicide E976x	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Suicide		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			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 15 55 11:40		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 A m. , from the causes and on the date stated above.			
23a. SIGNATURE Albert H. Hoppe		23b. ADDRESS 330 Clark	
23c. DATE SIGNED 12/16/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-16-55	
24c. NAME OF CEMETERY OR CREMATORY Local		24d. LOCATION (City, town, or county) (State) Monett, Ark.	
DATE REC'D BY LOCAL REG. DEC 16 1955		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd	

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

1959

9 1/4

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 *E. J. ...*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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