

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 24 1956

6596

BIRTH NO. ....		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) - a. STATE <b>Missouri</b> - b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>St. Louis</b>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Homer G. Phillips Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>21 2625a Pine St.</b>					
3. NAME OF DECEASED (Type or Print)			a. (First) <b>Mary</b>		b. (Middle) <b>Jane</b>		c. (Last) <b>Milton</b>		
4. DATE OF DEATH			(Month) <b>7</b>		(Day) <b>13</b>		(Year) <b>56</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>6-18-1910</b>		9. AGE (In years last birthday) <b>46</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maid</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Syndicate Trust</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Earle, Arkansas</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>The Coats</b>			13b. MOTHER'S M maiden NAME <b>Charlotte Clark</b>			14. NAME OF HUSBAND OR WIFE <b>Fred Milton</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. <b>194-24-6304</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Fred Milton</b>			ADDRESS <b>2625a Pine St</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, ashenia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Malignant Hypertension</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>3312</b>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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?					
22. I hereby certify that I attended the deceased from <b>7-11</b> , 19 <b>56</b> , to <b>7-13</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>7-13</b> , 19 <b>56</b> , and that death occurred at <b>9:12 a.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Hugh Waters</b>				(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>2601 N. Whittier St.</b>		23c. DATE SIGNED <b>7-14-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>7-17-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JUL 14 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Russell Und., Co.</b>				
					ADDRESS <b>2732 Pine St.</b>				

S.P. (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 *James A. Carter*.....

Licensed Embalmer No. *468*.....

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.