

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-038028

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9666**

FILED OCT 17 1958

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, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location), HOSPITAL OR INSTITUTION BOOTH MEMORIAL HOSP		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 239 2417 MENARD
3. NAME OF DECEASED (Type or print) MARGARET LOUISE MIDDLETON			4. DATE OF DEATH Month OCT Day 6 Year 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN 1 1909
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PUNCH PRESS OPERATOR		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PUNCH PRESS OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) INDIANA 1
12. CITIZEN OF WHAT COUNTRY? U-S-A		13. FATHER'S NAME HARRY EBERLE	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE JOHN MIDDLETON		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. 490-22-3497		17. INFORMANT JOHN MIDDLETON 2417 MENARD	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) alcoholic myelitis			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) long			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) ch. myelitis			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 3:30 a.m. Oct 4 58 to Oct 6 58 and last saw her alive on Oct 6 Death occurred Oct 6 58 m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Thos Byrne m.d. (Degree or title)	
22b. ADDRESS 27524 cherokee		22c. DATE SIGNED 10/9-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE OCT 9 1958	23c. NAME OF CEMETERY OR CREMATORY WALNUT HILL CEM	23d. LOCATION (City, town, or county) (State) BELLEVILLE 146.
24. FUNERAL DIRECTOR Thomas Kuttia	ADDRESS 2906 Gravia	25. DATE RECD. BY LOCAL REG. OCT 9 '58	26. REGISTRAR'S SIGNATURE J. Carl Smith MO mrb

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Leo J. Budd*

Licensed Embalmer No. *3989*

P. O. Address *A. Law, Jr.*

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.