

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011204
STATE FILE NUMBER

2418
Registrar's No.

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Christian Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>4932 W. Florissant Av.</i>	
Length of stay in lb <i>8 Days</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <i>NAOMI</i> Middle Last <i>MILTON</i>			Month <i>Mar.</i> Day <i>8</i> Year <i>1959</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 5-1890</i>	9. AGE (In years 1068 birthday)	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housework</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>East St. Louis, Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13a. FATHER'S NAME <i>Frank Harrington</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Late Sam. Milton</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <i>492-22-3779</i>		17. INFORMANT <i>Marion Milton</i> Address <i>4981 Rosele Av.</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>ARTERIOSCLEROTIC HEART DISEASE WITH FAILURE</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 YRS</i>
DUE TO (b) <i>GENERALIZED ARTERIOSCLEROSIS</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <i>420.0</i>		<i>UNK</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>NEPHROSCLEROSIS ARTERIAL</i>		

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 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	
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21. I attended the deceased from *1/9/59* to *3/2/59* and last saw her alive on *3/8/59*
Death occurred at *4:35 P.M.* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Henry Twoper</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>817 Olive St.</i>		22c. DATE SIGNED <i>3/9/59</i>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Mar. 11-59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
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24. FUNERAL DIRECTOR <i>Leidner Und, 2223 St. Louis Ave</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 9 '59</i>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *W. Mayfield*

Licensed Embalmer No. *#3077*

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.