MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FEB 12 1938

Do not use this space. 309

1. PLACE OF DEATH Homer G Phillips Hospital

(a) County ..... Registration District No. 1003 791

(b) Township ..... Primary Registration District No. ..... Registered No. 165

(c) City St. Louis (d) Street No. 2601 N Whittier St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 21 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harold Middleton 343

(a) Residence, No. 507 S Second Street St. 25

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 10, 1880

7. AGE: Years 57 | Months 6 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

FATHER

13. NAME: Louis Middleton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

MOTHER

15. MAIDEN NAME: Alice Tooney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT: Evelyn Hillierd
(ADDRESS): 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dicksons DATE 1/6/38 19

19. FUNERAL DIRECTOR E. L. Garner
(ADDRESS) 2829 Washington Ave

20. FILED JAN 5 1938 J. T. Bredeck *Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 19 37, to Dec. 31, 19 37

I last saw him alive on Dec. 31, 19 37 Death is said to have occurred on the date stated above, at 9:10p m.

The principal cause of death and related causes of importance were as follows:

Ulcerative Laryngitis, non diphtheritic — Date of onset 12/10/37

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Other contributory causes of importance:
Edema of glottis

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Moffett M. D.

(Address) Homer Phillips Hosp

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Helliard, Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Arthur L. Helliard

Licensed Embalmer No. 3389

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)