E9992

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37767

Registrar's No. 9606

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: 1

(a) County _____

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 Days (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis (If outside city or town limits, write "RURAL") -6-

(d) Street No. 4920 Palm St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William Milne 45

3. (b) If veteran, name war no

3. (c) Social Security No. 490-01-1349

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cecelia Milne.

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan. 19, 1883 (Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business ~~St. Louis Post Dispatch~~ 11

FATHER 12. Name ~~William Milne~~ 0

13. Birthplace Scotland (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Julia Wolf

15. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Cecelia Milne

(b) Address 4920 Palm St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Bennett Pickers

(b) Address 1431 Union Blvd.

19. (a) NOV 10 1939 (Date received local registrar) (b) J. B. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9, year 1939 hour 7:10 minute A. M.

21. I hereby certify that I attended the deceased from October 16, 1939, to November 9, 1939 that I last saw him alive on November 9, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of bladder	
Due to: Urinary	
Due to:	
Other conditions (Include pregnancy within 3 months of death) 51	

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place)

While at work? 1 (e) Means of injury _____

23. Signature Kenneth L. Carty (M. D. ~~or other~~)

Address 1515 Lafayette, 11 Date signed 11/9/39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.