DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3741

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 73

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mount St. Rose Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two Months (Specify whether

In this community 40 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4234 Shreve Avenue (If rural, give location)

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

3. (a) PRINT FULL NAME HENRY A. MILTON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bertha F. Milton (Terbeck)

6. (c) Age of husband or wife if alive 55yrs years

7. Birth date of deceased Aug (Month) 12 (Day) 1876 (Year)

8. AGE: Years 63 Months 4 Days 28 If less than one day hr. min.

9. Birthplace (City, town, or county) Wisconsin (State or foreign country)

10. Usual occupation Retired Police

11. Industry or business Officer

FATHER
12. Name Robert Milton
13. Birthplace (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name Charlotte Heintz
15. Birthplace (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant's own signature Mrs. Bertha F. Milton

(b) Address 4234 Shreve Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/12/40 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math. Hermann & Son

(b) Address 2161 East Fair Avenue

19. (a) JAN 11 1940 (Date received local registrar) (b) R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9 year 1940 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from Nov. 7. 1939, 19, to Jan 9th, 1940, that I last saw him alive on January 8th 1940, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	over 1 yr
Due to	
Due to	
Other conditions Cancer of Lung (Include pregnancy within 3 months of death)	over 6 mos

47

Major findings: Of operations none

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? (e) Means of injury

23. Signature Andrew C. Hensle M.D. (M. D. or other)

Address 607 No. Grand Blvd. Date signed 1/10/40

(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.

Rev. 3-17-39 I X19511

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 William G. Buckhold

Licensed Embalmer No. 2110

P. O. Address St. Louis Mo

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.