S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35702

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9232

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000 17 9

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

(d) Street No. 3251 N 20 Str
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Laura A. Milward

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 29 (Day) Th 1894 (Year)

8. AGE: Years 45 ---- Months 1-0- Days 5--- If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Work

11. Industry or business At Home

FATHER
12. Name Charles A Milward
13. Birthplace St Louis Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Ida Wegman
15. Birthplace St Louis Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mary E Ellis
(b) Address 3251 N 20 Th Str

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7th 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14 Th Str

19. (a) NOV 5 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1942 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Left Femur Broncho Pneumonia suffered when Deceased fell to Floor in her Home at 3251 No 20th St on Oct 26-1942 at about 5 00 PM

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Accident 000
(b) Date of occurrence Oct 26-1942
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home (Specify type of place)
While at work? (e) Means of injury n

23. Signature Alfred Stern (M. D. or other)
Address [illegible] Date signed 11/4/42

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry Rd

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, fact should be so stated above.