

FILED DEC 2 1944

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Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10274

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:
St. Lukes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 13 days
(Specify whether
In this community... 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... St. Louis 96
(c) City or town... St. Louis, Jennings
(If outside city or town limits, write "RURAL")
(d) Street No... 5746 Helen Ave
(If rural, give location)
(e) Citizen of foreign country? NA (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dr. Harry L. Middleton

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... R. Middleton nee Michael 6. (c) Age of husband or wife if alive... 57 years

7. Birth date of deceased... February 10, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 9 20 hr. min.

9. Birthplace... Unknown Ills. 1
(City, town, or county) (State or foreign country)

10. Usual occupation... Chiropractor

11. Industry or business _____

MOTHER FATHER { 12. Name... John T. Middleton
13. Birthplace... Unknown (City, town, or county) (State or foreign country)
14. Maiden name... Unknown
15. Birthplace... Unknown (City, town, or county) (State or foreign country)

16. (a) Informant... Carrie R. Middleton
(b) Address... 5746 Helen Ave

17. (a) Burial (b) Date thereof... 12/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Memorial Park Cemetery

18. (a) Signature of funeral director... Math Hermann & Son
(b) Address... 2161 East Fair Ave

19. (a) DEC 2 (b) J. F. Baudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Nov. day... 30,
year... 1944 hour... 11:45 AM minute... M.

21. I hereby certify that I attended the deceased from
Aug. 17, 1943, to Nov. 30, 1944;
that I last saw him alive on Nov. 30, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death... Acute Coronary Thrombosis Sudden
Due to... Chronic Degenerative Myocarditis 3 yrs.
Auricular Fibrillation 1 1/2 yrs.
Due to... Arterial Hypertension 16 yrs.

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) _____
(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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature... Harold Triggitt (M. D. or other) M.D.
Address... 3722 Washington Blvd Date signed... 12/1/44

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

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FEB 10 1945

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 *Harold G. Burnley*
Licensed Embalmer No. *4262*
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, fact should be so stated above.