DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42740

FILED DEC 23 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10847

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo (Specify whether years, months or days)

In this community

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. 3122 Bell Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME Minnie Milon

3. (b) If veteran, name war

3. (c) Social Security No. 432-38-5461

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Purvis Milon

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased February (Month) 20 (Day) 1920 (Year)

8. AGE: Years 26 Months 9 Days 22 If less than one day hr. min.

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

10. Usual occupation Maid

11. Industry or business

MOTHER FATHER

12. Name W. T. Sheapard

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

14. Maiden name Alice Ricks

15. Birthplace Marianna (City, town, or county) Ark. (State or foreign country)

16. (a) Informant Louise Thomas

(b) Address 3110 Market St. (Rear)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-46 (Month) (Day) (Year)

(c) Place: burial or cremation Helena, Arkansas

18. (a) Signature of funeral director G. B. Spence

(b) Address 1221 N. Grand Blvd.

19. (a) DEC 19 1946 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1946 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from 11-14, 1946 to 12-12, 1946 that I last saw her alive on Dec. 12, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hematogenous Tuberculosis	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations

Of autopsy No

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 E. B. McNeano (M. D. or other)

Address 3601 S. Whitney Date signed 12/17/46

(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. James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 3506 Frank

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.)

If this body is not embalmed, fact should be so stated above.