S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2858

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1041

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. Mary's Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999
(c) City or town Centerville Township 11
(If outside city or town limits, write "RURAL")
(d) Street No. 4800 Cotton Belt 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Armelia Milton
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fem. 3
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Milton
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May (Month) 26 (Day) 1899 (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	8	3	hr. min.

9. Birthplace (City, town, or county) Miss. 1 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Unknown 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dilla Hunt
15. Birthplace (City, town, or county) Miss. 1 (State or foreign country)
16. (a) Informant John Milton
(b) Address 4800 Cotton Belt Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2/1/48 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis
18. (a) Signature of funeral director [signature]
(b) Address 3517 Laclede
19. (a) FEB 2 1948 (Date received local registrar) (b) J. F. Bridack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th year 1948 hour 12 minute 50A.M. M.

21. I hereby certify that I attended the deceased from January 9, 1948, to January 29, 1948; that I last saw her alive on January 29, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Infarct — Duration ?

Due to Hypertensive Cardiovascular Disease

Due to 93d Atypical Pneumonia

Other conditions Pulmonary Infarction
(Include pregnancy within 3 months of death)

Major findings: Of operations No operation

Of autopsy None performed

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 Clifford A. Hancock MD. (M. D. or other)
Address 360A 15th St. Ea. St. Louis Illinois Date signed 1/30/48

(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 .....

Licensed Embalmer No. 1173

P.O. Address 1318 E. Belway

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.