

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3476

State File No. _____

317

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>234</u>	
1. PLACE OF DEATH a. COUNTY <u>Rural Wellston</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis County</u> c. LENGTH OF STAY (In this place) <u>3 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Sanitarium</u>				2. USUAL RESIDENCE (Where deceased lived, if institution, give name and location) a. STATE <u>Mo.</u> b. COUNTY <u>University City</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis UNIVERSITY CITY</u> d. STREET ADDRESS (If rural, give location) <u>7554 Carleton Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Milton</u> b. (Middle) _____ c. (Last) <u>Stern</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27 1950</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>June 1 1890</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Insurance Broker</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Gustave Stern</u>			13b. MOTHER'S MAIDEN NAME <u>Franca Epstein</u>			14. NAME OF HUSBAND OR WIFE <u>Milred Stern</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Milton Stern</u> ADDRESS <u>7554 Carleton</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage, Post-operative</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bilateral Prefrontal Leukotomy</u> DUE TO (c) <u>Hypertension, Essential</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychosis & Hypertensive Encephalopathy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 HRS.</u> <u>8 HRS</u> <u>309X</u>	
19a. DATE OF OPERATION <u>1-26-50</u>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1-24</u> , 19 <u>50</u> , to <u>1-26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-26</u> , 19 <u>50</u> , and that death occurred at <u>11:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. R. Baquet M.D.</u> (Degree or title) _____				23b. ADDRESS <u>7301 St. Charles Rk. Rd.</u>		23c. DATE SIGNED <u>1-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/29/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Sinai</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Herbert R. Womke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wmayer</u> ADDRESS <u>4306 Lindbergh</u>					

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

AUG 20 1962

AUG 1 1964

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 Me

Student Embalmer No. _____

working under my personal supervision.

Signed Elton R. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.