

FILED SEP 15 1950

STANDARD CERTIFICATE OF DEATH

State File No. 28174
7637

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edwardsville</u> 8120	
c. LENGTH OF STAY (in this place) <u>23 days</u>		d. STREET ADDRESS (If rural, give location) <u>Hillsboro Rd.</u> 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Esther</u> b. (Middle) <u>Lee</u> c. (Last) <u>Milton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 8 1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 20, 1887</u>
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Jeffersonville, Ohio</u>
13a. FATHER'S NAME <u>Benjamin Franklin</u>		13b. MOTHER'S MAIDEN NAME <u>Annie E. Threlkeld</u>	14. NAME OF HUSBAND OR WIFE <u>Leonard Milton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Leonard Milton Hillsboro Rd.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Paralytic ileus</u>		<u>10 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>X-ray therapy for wide-spread metastatic carcinoma, primary site breast.</u>		<u>3 years.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>170 X</u>	

22. I hereby certify that I attended the deceased from Aug. 16, 1950, to Sept. 8, 1950, that I last saw the deceased alive on Sept 8, 1950, and that death occurred at 11:52A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Eugene P. Standley, M.D.</u> (Degree or title)		23b. ADDRESS <u>BARNES HOSPITAL</u>		23c. DATE SIGNED <u>9/8/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Sept. 10, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Court House OHIO</u>	
DATE REC'D BY LOCAL REG. <u>SEP 9 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Fosater</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander & Sons 6175 Delmar</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Joseph E. McCulloch
Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.