

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14472

3614

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.				
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2219				
3. FULL NAME OF HOSPITAL OR INSTITUTION. 3139 Franklin Ave				d. STREET ADDRESS (If rural, give location) 3139 Franklin Ave				8		
3. NAME OF DECEASED (Type or Print) Luella Milburn		a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) April 14, 1951		
5. SEX: 3 Female		6. COLOR OR RACE Cbl		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH July 6, 1902		9. AGE (in years last birthday) 48 IF UNDER 1 YEAR: Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (State or foreign country) Jefferson City MO		12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Georgie Bates			14. NAME OF HUSBAND OR WIFE Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME Blanche Jones			ADDRESS 3139 Franklin Ave	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Decompensation (Congestive Failure)</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis</u>								
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION <u>443x</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Asphyxiation</u>						
22. I hereby certify that I attended the deceased from <u>12/5 1950</u> , to <u>April 14, 1951</u> , that I last saw the deceased alive on <u>April 14, 1951</u> , and that death occurred at <u>1:50 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>S. E. Moore M.D.</u>				23b. ADDRESS <u>809 N Jefferson</u>		23c. DATE SIGNED <u>4/16/51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>APR 18 1951</u> <u>J. B. Rooster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Dailes</u>			ADDRESS <u>3506 Franklin Ave</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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Arthur L. Hilliard.....

Licensed Embalmer No. 42, 3rd.....

P. O. Address 4740th Taylor Ave.....

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.