

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3090**
Registrar's No. **0696**

FILED FEB 2 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital DOA		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) William Lee Milner		4. DATE OF DEATH (Month) (Day) (Year) 1-22-54	
a: (First)		b. (Middle)	
c. (Last)		5. SEX <input type="radio"/> Male <input checked="" type="radio"/> Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH April 21, 1897		9. AGE (In years last birthday) 56 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY Small Arms Co.	
11. BIRTHPLACE (City and State or Foreign Country) Cayce, Ky.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Milner		13b. MOTHER'S MAIDEN NAME Georgie Bradley	
14. NAME OF HUSBAND OR WIFE Gladys Hardy Milner		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.I	
16. SOCIAL SECURITY NO. 492 01 6777		17. INFORMANT'S SIGNATURE OR NAME Gladys Milner	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Acute Pulmonary Edema		ADDRESS 2852 St. Vincent Ave.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Acute Left Heart Failure	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Hypertensive Cardiovascular Dis.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 443X		22. I hereby certify that I attended the deceased from Jan. 19, 1953 , to Jan. 22, 1954 , that I last saw the deceased alive on Jan 21, 1954 , and that death occurred at 7:00a m. , from the causes and on the date stated above.	
23a. SIGNATURE John B. Sumner, M.D.		23b. ADDRESS 2767 Park	
23c. DATE SIGNED 1/22/54		24. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 1-23-54		24c. NAME OF CEMETERY OR CREMATORY Cayce Cemetery	
24d. LOCATION (City, town, or county) (State) Cayce, Kentucky		25. FUNERAL DIRECTOR'S SIGNATURE E.J. Schnur	
DATE REC'D BY LOCAL REG. JAN 22 1954		ADDRESS 3125 Lafayette Ave.	

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.....
Signature of Student Embalmer

Signed.....
Thomas R. Fenwick

Licensed Embalmer No. *379*

P. O. Address *3125 Lafayette*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.