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# STANDARD CERTIFICATE OF DEATH

7360

State File No. ....

REG# 115431

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 500 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY OR TOWN <b>PINE LAWN</b> 415 10	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>37 DAYS</b>		e. STREET ADDRESS (If rural, give location) <b>4206 JENNINGS ROAD</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>KENNETH</b> b. (Middle) <b>H.</b> c. (Last) <b>MILSTER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-13-54</b>		
5. SEX <b>MALE</b> 0	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b> 3	8. DATE OF BIRTH <b>6-27-02</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>OPERATING ENGINEER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b> 0		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>ABNER L. MILSTER</b>		13b. MOTHER'S MAIDEN NAME <b>BIRDIE PRICE</b>		14. NAME OF HUSBAND OR WIFE <b>DIVORCED</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WW-II</b>		16. SOCIAL SECURITY NO. <b>563124270</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>VA HOSPITAL RECORDS, JEFF BRKS, 23, MO.</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>EPIDERMOID CARCINOMA OF RIGHT TONSIL AND SOFT PALATE</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>TUBERCULOSIS OF LUNG, MODERATELY ADVANCED, ACTIVE</b>		

19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>145X A</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>VA</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b>		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 **12-7-53**, 19\_\_\_, to **1-13-54**, and that death occurred at **10:15Pm.**, from the causes and on the date stated above.

23a. SIGNATURE <b>ROBERT C. HOPPE, M.D.</b> (Degree or title)		23b. ADDRESS <b>VET ADM HOSP, JEFF BRKS, MO.</b>		23c. DATE SIGNED <b>1-13-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1/18/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STROOT - CARROLL 1600 NATURAL BRIDGE AVE</b>			
DATE REC'D BY LOCAL REG. <b>1-15-54</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>			

5 (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.....  
Signature of Student Embalmer

Signed *David Van Fossom*

Licensed Embalmer No. *424*

P. O. Address *6322 S. Me*

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.