No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10280

FILED MAR 30 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2504

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Firmin Des Lodge Hosp.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2239
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 0
e. STREET ADDRESS (If rural, give location): 23 1108 Lami St.,

3. NAME OF DECEASED (Type or Print): a. (First) Beaty b. (Middle) c. (Last) Milton

4. DATE OF DEATH (Month) (Day) (Year): March 17 1954

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 2, 1892

9. AGE (In years last birthday): 61 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wood Heel Turner

10b. KIND OF BUSINESS OR INDUSTRY: Wood heel Co.

11. BIRTHPLACE (City and State or Foreign Country): Tennessee

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Cornelius Milton

13b. MOTHER'S MAIDEN NAME: Martha Lovell

14. NAME OF HUSBAND OR WIFE: Quillie Milton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 489-03-9732

17. INFORMANT'S SIGNATURE OR NAME: Elmer Milton **ADDRESS**: 1311 A. Lynch St.,

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) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombocytopenia
DUE TO (c) Malignant Reticulosis — 3 Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anemia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 2021

22. *I hereby certify that I attended the deceased from* Feb. *, 19*54*, to* March 17*, 19*54*, that I last saw the deceased alive on* March 17*, 19*54*, and that death occurred at* 10:35 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John M. Mc Carthy M.D

23b. ADDRESS: 1325 South Grand

23c. DATE SIGNED: 3/18/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 3/19/54

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Huntington Tenn.

DATE REC'D BY LOCAL REG.: MAR 18 1954

REGISTRAR'S SIGNATURE: J. Earl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Moydell Funeral Home 1926 Allen Ave

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Reinhold K. Lohma

Licensed Embalmer No. 339

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.