Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-019651
STATE FILE NUMBER

Registration District No. 313 Primary Registration District No. 1003 Registrar's No. 5103

FILED MAY 23 1958

1. PLACE OF DEATH
a. COUNTY 5158 Easton Ave St Louis Mo
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Mo — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5158 Easton Ave. — Length of stay in 1b 206 — d. STREET ADDRESS (If outside, give location) 5158 Easton Ave — Reside on Farm Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St Louis Mo — Inside Limits Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Milton Middle: Last: East
4. DATE OF DEATH Month 5 Day 10 Year 58
5. SEX Male 2
6. COLOR OR RACE Negro
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH II I9 I904
9. AGE (In years last birthday) 53 55 — 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) Labor
10b. KIND OF BUSINESS OR INDUSTRY No
11. BIRTHPLACE (City and state or country) Mount plazen Tenn
12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Calven East
13b. MOTHER'S MAIDEN NAME Better East
14. NAME OF HUSBAND OR WIFE Sarah East Wife
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 490-03-I420
17. INFORMANT Sarah East 5158 Easton Ave Wife

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Oedema — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Sclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 204 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph M. Zumm (Degree or title) Regular Form 3
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 5/14/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 5-15-1958
23c. NAME OF CEMETERY OR CREMATORY Green Wood Cemetery
23d. LOCATION (City, town, or county) St Louis County (State) Mo

24. FUNERAL DIRECTOR Peaston Furnel Home ADDRESS 3615 Eastpn
25. DATE RECD. BY LOCAL REG. MAY 14 '58
26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Leroy W. Bannister

Licensed Embalmer No. 4523

P. O. Address 4251 Wachu

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.