

FILED VS JUL 24 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-026962

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

STATE FILE NUMBER

Registration No. **5120**

300  
-57  
6  
2

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>City Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>4008 Flad</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Mary Lucille Milligan</u>			4. DATE OF DEATH Month Day Year <u>5/26/59</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>4/5/1915</u>	9. AGE (In years last birthday) <u>44</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Paultney</u>		13b. MOTHER'S MAIDEN NAME <u>Vera Harrick</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph M.</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT Address <u>Mr. Joseph Milligan 4008 Flad</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute tracheobronchitis and pulmonary edema accompanied by chloroform poisoning</u>		INTERVAL BETWEEN ONSET AND DEATH _____
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Self ingested ac as about May 24, 1959. It rather accidental</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (See nature of injury in PART I or PART II of item 18.) <u>determined</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. <u>5 26 59</u> p.m. _____	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	20f. CITY, TOWN, OR LOCATION <u>St. Louis Mo</u>	COUNTY _____	STATE _____
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>3351</u> on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Do not sign for this) <u>Joseph M. Smith</u>		22b. ADDRESS <u>1300 e. 4th</u>	22c. DATE SIGNED <u>5/27/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5/29/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>

24. FUNERAL DIRECTOR <u>Jos. A. Howard</u>	ADDRESS <u>1619 So. Grand</u>	25. DATE RECD. BY LOCAL REG. <u>MAY 27 '59</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D. S.P.</u>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Elias R Sadwick*

Licensed Embalmer No. *4077*...  
P. O. Address *St. Louis*...

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.