

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036499

318

1003

8724

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

DO NOT WRITE ON THIS STUB

AMENDED

**FILED SEP 17 1962**

VS 300 Rev. 4/59  
1  
3  
4 1  
5 2  
6  
7 1  
8 1  
9  
10  
11  
12 52-0  
13  
52

DATE AMENDED  
INSTEAD OF  
SHOULD READ  
BY AFFIDAVIT OF

DOCUMENT  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> . COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in 1b <b>2 days</b>	c. CITY OR TOWN <b>Granite City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2728 Iowa Ave.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>BUENA E. MILHAUSER</b>			4. DATE OF DEATH Month Day Year <b>SEPTEMBER 7 1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/18/1893</b>
9. AGE (last birthday) <b>68</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Carrollton, Ill.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John Atchison</b>	
13b. MOTHER'S MAIDEN NAME <b>Rose admire</b>		14. NAME OF HUSBAND OR WIFE <b>Charles W. Milhouser</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT Address <b>Granite City</b> <b>Charles J. Milhouser 25 Riviera</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HEART BLOCK AND STOKES-ADAMS SYNDROME</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 MONTHS</b>
DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>			<b>YEARS</b>
DUE TO (c) _____			<b>420.0 F</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>FRACTURE OF RIGHT HIP. PERICARDIAL EFFUSION.</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>SEPT. 4, 1962</b> to <b>SEPT. 7, 1962</b> and last saw her alive on <b>SEPT. 7, 1962</b>		Death occurred at <b>11:25 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Brent M. Parker, M.D.</b>		22b. ADDRESS <b>BARNES HOSPITAL</b>	22c. DATE SIGNED <b>9/10/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>9/11/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Edwardsville Twsp., Ill.</b>
24. FUNERAL DIRECTOR <b>Leonard R. Davis, Granite City,</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 10 1962</b>	26. REGISTRAR'S SIGNATURE <b>Paul Smith, M.D.</b>

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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

*Embalmed in Illinois*  
Signed *Loren H Davis*

Licensed Embalmer No. *TEL 9754*

P. O. Address *Granite City Ill.*

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.