

DEC 1939 MAY 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

13465

Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township 1008
(c) City St. Louis Primary Registration District No. 3807
(d) Street No. 5229a Ashland St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

414 Julius Milfeil
(a) Residence, No. 5229a Ashland St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christina Milfeil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1st 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinest

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Retired 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.13. NAME William Milfeil14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Charollet Rueweler16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Christina Milfeil
5229a Ashland

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters Cem. DATE Apr. 25 39.19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann & Harrel
1905 Union Blvd.20. FILED APR 24 1939

J. F. Brodick
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22-39 19

22. I HEREBY CERTIFY, That I attended deceased from

Feb 1st, 1938, to April 22-1939I last saw h. alive on 4-22-39, 19. Death is saidto have occurred on the date stated above, at 2:05 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage.

Date of onset

4-22-39

Other contributory causes of importance:

Uremia caused by Cardio-vascular
hypertension (renal disease)
inf. condition, chronic

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Clarence G. Brown, M. D.(Address) 1927th Union

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Warren A. Carver

Licensed Embalmer No.....

3534

P. O. Address.....

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 this body is not embalmed, above space should be left blank.