

S. No. 2
M-2-43
5-17-39
I X35697

13114

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3850**

FILED MAY 2 1944
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution:
5510 Waterman Ave.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME **Minnie R. Milius**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Gustave Milius** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb. 25 1865**
(Month) (Day) (Year)

8. AGE: Years **79** Months **1** Days **29** If less than one day _____ hr. _____ min.

9. Birthplace **Jacksonville Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Samuel Rauh**
13. Birthplace **Germany**
14. Maiden name **Jannette Rice**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Kennard Goldsmith**
(b) Address **5510 Waterman Ave.**

17. (a) **Burial** (b) Date thereof **4-25-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Sinai Cemetery**

18. (a) Signature of funeral director **Herman Rindstorf**
(b) Address **5216 Delmar Blvd.**

19. (a) **APR 25 1944** (b) **J. T. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(d) Street No. **5510 Waterman Ave.**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23**
year **1944** hour **9** minute **9** M.
21. I hereby certify that I attended the deceased from **Jan. 27**
_____ 19 **44** to **April 23** 19 **44**
that I last saw him alive on **April 23** 19 **44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**
Due to **Hypertension Heart Disease**
Other conditions _____
Major findings: Of operations _____
Of autopsy _____

Duration

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **Harold Keff** (M. D. or other) _____
Address **607 N. Grand** Date signed **4/25/44**

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.....

John Ketter

Licensed Embalmer No. 3830

P. O. Address. 5216 Delmar

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, fact should be so stated above.