S. No. 2
M—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1944

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 29630

Registrar's No. 7513

Primary Registration District No. 1003

**1. PLACE OF DEATH:**

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital No 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days in Hospital (Specify whether
In this community 55 Years in St Louis.
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County MO

(c) City or town St. Louis. 17 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2752 A Ann Ave. 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME CHARLES MILCIC.

3. (b) If veteran, name war

3. (c) Social Security No. 491-12-9546

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Josephine Milcic

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 19 1869
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 75 | 7 | 10 | hr. min. |

9. Birthplace Bohemia X
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet Maker

11. Industry or business

FATHER
12. Name William Milcic 2
13. Birthplace Bohemia X
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Komarska
15. Birthplace Bohemia X
(City, town, or county) (State or foreign country)

16. (a) Informant William Milcic
(b) Address 2802 Victor St.

17. (a) Burial (b) Date thereof Aug 31 /44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Packer Cem

18. (a) Signature of funeral director Thos Kates & Son
(b) Address 2906 Gravois Ave.

19. (a) AUG 30 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 29
year 1944 hour 2 15 minute A.M. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Fractured ribs when he was struck by an automobile being driven by one I Fay Kunzi at the intersection of Jefferson an Ann Ave. about 8.40 pm Aug 19 1944

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation 170
Of autopsy 201

Duration

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) Accident MO

(b) Date of occurrence Aug 19 1944

(c) Where did injury occur? St Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work? No (e) Means of injury Auto

23. Signature Alfred Perry (M.D. or other)

Address Supply Corner Date signed 8/30/44

(Licensed Embalmer's Statement on Reverse Side)

## 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. David Van Fossan.

Licensed Embalmer No. 4242.

P. O. Address 2906 Harris.

**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.**